



**Town of Webster, Massachusetts**  
**APPLICATION FOR TRANSPORTATION**  
**OFFAL (SOLID WASTE)**

**BUSINESS NAME** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**TOWN** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**BUSINESS NUMBER** \_\_\_\_\_

**NAME OF APPLICANT** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION ALONG WITH THE COMPLETED APPLICATION FOR OFFAL/SOLID WASTE PERMIT:**

**NUMBER OF VEHICLES PERMITED WITHIN THE LIMITS OF WEBSTER, MA:** \_\_\_\_\_

**TRUCK NUMBER** \_\_\_\_\_ **DOT Inspection #** \_\_\_\_\_

**COPY OF STATE REGISTRATION FOR EACH VEHICLE**

**COPY OF VEHICLE INSURANCE POLICY**

**COPY OF LIABILITY INSURANCE**

**LISTING OF DRIVING ROUTES**

**WORKER'S COMPENSATION AFFIDAVIT (ENCLOSED)**

**FEE OF \$200.00 PER VEHICLE**

ONCE THIS APPLICATION HAS BEEN RECEIVED, REVIEWED AND APPROVED BY THE WEBSTER HEALTH DEPARTMENT, A STICKER FOR EACH VEHICLE

THIS PERMIT IS VALID FROM JANUARY 1 THROUGH DECEMBER 31 EACH YEAR. YOU ARE RESPONSIBLE FOR REAPPLYING FOR ANNUAL PERMITS PRIOR TO EXPIRATION EACH YEAR.

**VIOLATION OF ANY OF THE TERMS OF THIS PERMIT AND ANY APPLICABLE LAWS OR REGULATIONS MAY RESULT IN LEGAL ACTION AS WELL AS A BAN FROM USING THE WASTEWATER TREATMENT PLANT.**

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SIGNATURE

DATE

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OFFICE PURPOSES ONLY

APPLICATION RECEIVED \_\_\_\_\_

FEE RECEIVED \_\_\_\_\_

STICKERS ISSUED \_\_\_\_\_