



TOWN OF GRANVILLE

707 Main Road

P.O. Box 247

Granville, MA 01034

(413) 357-8585 (phone)

(413) 357-6002 (fax)

Application for Garbage Hauler Permit

In accordance with M.G.L. c. 111, § 31A, the undersigned makes application to the Board of Health for permission to remove and transport garbage/waste within the Town:

Name of Applicant: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

Tel & Fax No.: _____

Email Address: _____

List all locations where garbage/waste will be disposed:

Description of the collection vehicles (make, model, year, type, size and registration and company name appearing on the vehicles). *If more space needed, please use a separate page.*

Total No. of Residential Customers: _____

Total No. of Municipal Customers: _____

Total No. of Commercial Customers: _____

Collection Days: _____

REQUIREMENTS for Hauler's Providing Curbside Pickup Service:

- Recycling is mandated by the state of Massachusetts and the Town of Granville.
- A tonnage report is required for the garbage collected within Granville and must be sent to the Board of Health Office every 12 months (curbside only).
- A tonnage report is required for the recyclables collected within Granville and must be sent to the Board of Health Office every 12 months (curbside only).

CHECK LIST for Application Requirements:

- Proof of property/liability insurance.
- Proof of worker's compensation insurance and affidavit.
- Copy of education material/notification provided to customers for recyclables (curbside only).
- Twelve month report of solid waste and recyclable tonnage as required (curbside only).
- List of current customers (Include property owner name, location of container, number of containers on site, size of container, number on the container)
- Application fee of \$125.00 payable to "Town of Granville"

Pursuant to M.G.L. Ch. 62C Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Federal Identification Number

I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to dispose of garbage anywhere other than a properly permitted garbage and/or recyclable receiving facility.

Signature of Applicant

Date

Print Name and Title
Signature of Applicant

Date