

FEE - \$100.00

**BOARD OF HEALTH
TOWN OF DALTON
Town Hall
462 Main Street
Dalton, MA 01226
Tel (413) 684-6111
efahey@dalton-ma.gov**

Application For A Solid Waste And Recycling Hauler's License

Company Name: _____
Owner / Contact Name: _____
Mailing Address: _____
Facility Address: _____
Business Telephone: _____ Home Telephone: _____
Fax Number: _____ Federal ID/SS#: _____

Years Company has been in business: _____

If partnership or corporation list names, addresses, percentage of ownership, and class of stock held:

Vehicles: Type	Capacity	Plate #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Recycling Plan must be attached (see Attachment A)

The undersigned hereby agrees to comply with all the Laws, Rules, and Regulations of the Commonwealth of Massachusetts (MGL Ch. 111, Section 31A) and the TOWN OF DALTON Board of Health governing the removal, transport, and disposal of refuse and recyclable materials and is aware that failure to comply with said rules, laws and regulations could result in suspension or revocation of permits herewith applied for. In addition the undersigned agrees to comply with the terms of the accepted Recycling Plan submitted as part of this Permit application. Any substantial changes must be immediately reported to the Board of Health and these changes may be the basis for revocation of the permit if so deemed by the Board of Health.

Signature of Owner or Corporate Officer

Date

Application approved by

Date

ATTACHMENT A RECYCLING PLAN

1.) We offer recycling services for the following materials:

A. PAPER PRODUCTS	YES _____	NO _____
B. CONTAINERS	YES _____	NO _____
C. OTHER (please specify)	YES _____	NO _____

2.) Frequency of collection of recyclables:

RESIDENTIAL **COMMERCIAL**

Weekly

Bi-weekly

**Alternate weeks
(Paper and Containers)**

Other

3.) Destination of Recyclables _____
(By category) _____

4.) Please describe your method for notifying customers of improper recycling separation:

5.) Please describe your equipment and other support services used for recycling:

ATTACHMENT B HAULER ANNUAL REPORTING FORM

HAULER: _____

MONTHS: _____

TOWN SERVED: _____

CATEGORY	CUSTOMER COUNT	MSW TONS	PAPER RECYCLE	CONTAINER RECYCLE	OTHER RECYCLE	TOTAL TONS
SINGLE FAMILY						
MULTI - FAMILY						
APARTMENT						

Note: Tonnage can be reported as per-unit average

NAME

LOCATION

Disposal Site(s) For Solid Waste: _____

Market or Processing Site(s) for Recyclables:
