

SOLID WASTE HAULER PERMIT APPLICATION_{D1}

Renewal Annual Application New Annual Application Revised Application

BUSINESS CONTACT INFORMATION

Note: Any change in ownership or operations requires a new permit application and filing fee.

*Applicant/Requester		*Role/Title	
*Business Name		*Site Address	
*Mailing Address		*E-mail	
*Business Phone		*Emergency Phone	

TYPE OF WASTES TRANSPORTED (CHECK ALL THAT APPLY)

Household Food/Restaurant Recyclables Compostable Grease/Fats Recyclables Commercial Industrial
 Construction Debris Dumpsters: Requires a permit if onsite more than 2 weeks. Other: Describe _____

<input type="checkbox"/> Hazardous Waste	Includes paints, oil, pesticides, chemicals	Describe	
<input type="checkbox"/> Medical Waste	Waste from doctors, dentist, hospitals	Describe	
<input type="checkbox"/> Sharps/needles	Sharps are prohibited from household waste	<input type="checkbox"/> Notice on Sharps Disposal options provided to customers	
<input type="checkbox"/> Recycling	Pricing must include both solid waste and recycling (Bulk Pricing)	<input type="checkbox"/> Plan on how to notify customers of new recycling regulations.	

Description of how you plan on meeting Dalton Recycling Regulations: _____

SOLID WASTE DISPOSAL SITES

Note: All waste disposal sites in Massachusetts must be approved by the Board of Health and the Department of Environmental Protection. Sites outside of Massachusetts must have local/state approvals as required by law.

<input type="checkbox"/> *Approved Solid Waste Disposal Primary Site:		Town/City Address		Telephone Number	
<input type="checkbox"/> Approved Solid Waste Disposal Alternate Site:		Town/City Address		Telephone Number	
<input type="checkbox"/> Approved Recycling Disposal Primary Site:		Town/City Address		Telephone Number	

EQUIPMENT

	Transport Vehicle Name	Make/Model	Year	Size in Yards	Plate #	Name/Logo on Vehicle	Vehicle Inspection Date
<input type="checkbox"/> *Equipment:							
<input type="checkbox"/> Equipment:							
<input type="checkbox"/> Equipment:							

SIGNATURE CERTIFICATION

By typing my name below and clicking on the certification boxes, I agree that I am submitting a signature for this application.

*I affirm and certify that I am the owner of the company referenced in this application or an authorized representative/agent with authority to apply for this permit or witness/inspections and grant access for inspections as allowed by law.

*Signature		*Date of Application:	
*Printed Name		*Date of Application:	