



Millville Board of Health
8 Central Street
Millville, MA 01529
508-883-5041

Fee Amount: \$100.00

No. _____

Expires: 12-31-20____

APPLICATION FOR SEPTAGE HAULER PERMIT

In accordance with MGL c.111, s31B and 310 CMR 15.502 (Title 5), the undersigned makes application to the Board of Health for permission to remove and transport septage and the contents of privies and cesspools as set forth below:

Applicant Information:

Name: _____ Company: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Vehicle Registration Numbers, Types of Equipment and their Gallon Capacity:

<u>Vehicle Registration Number</u>	<u>Type of Equipment</u>	<u>Gallonage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all locations where septage will be disposed of: _____

*****PLEASE INCLUDE A COPY OF YOUR CERTIFICATE OF LIABILITY*****

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 septage anywhere other than the identified disposal locations or others approved by the Board in writing as an amendment to this permit.

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.

Signature of Individual or Corporate Name (Mandatory)

Corporate Officer (Mandatory if applicable)

S.S. # (Voluntary) or Federal I.D. #

Your S.S. # will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct a no filing or delinquency will be subject to License suspension or revocations. This request is made under the authority of MGL c.62C s.49A.

Signature of Applicant

Date

LICENSE GRANTED: _____