TOWN OF SOUTHAMPTON

BOARD OF HEALTH

210 College Highway – Suite 4
Southampton, MA 01073
Office (413) 529-1003
Fax (413) 529-6847
boardofhealth@townofsouthampton.org

TRASH HAULER PERMIT APPLICATION

Fee: $200.00 PER Truck

Date: _____

Company Name: _____

Contact Person: _____

Street: _____ Town/City: _____

Zip Code: _____ Phone Number: _____

Fax: _____ Email: _____

Vehicle Type	Capacity	Plate #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Year's company has been in business: _____

Transfer Facility used for dumping: _____

City/Town: _____ Phone #: _____

Transfer Station Permit #: _____

Please fill out attached Worker's Compensation Insurance Affidavit

Worker's Compensation Insurance Affidavit Attached: Yes ☐ No ☐

The undersigned hereby agrees to comply with all the Laws, Rules, and Regulations of the Commonwealth of Massachusetts and the Town od Southampton and Southampton Board of Health Rules and Regulations governing the removal, transport, and disposal of refuse and recyclable materials; and is aware that failure to comply with said laws, rules, and regulations could result in suspension or revocation of permits herewith applied for. Any substantial changes must be immediately reported to the Health Department.

Signature of Owner or Company Official

_____

Social Security # or Federal ID #

_____

Print Name and Title

_____

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information **Please Print Legibly**

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/ or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. #_____ Expiration Date:_____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #**_____

Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person:_____ **Phone #:**_____