

City of Medford
Board of Health
85 George P. Hassett Drive
Medford, MA 02155

Tel #: (781) 393-2560

Fax #: (781) 393-2562

PERMIT APPLICATION

TO REMOVE, TRANSPORT AND DISPOSE OF SOLID WASTE / RECYCLABLES / SEPTIC / OFFAL / MEDICAL WASTE AND GREASE RENDERING IN MEDFORD

In accordance with MGL Chapter 111, Sections 31A and 31B and in accordance with the City of Medford's Rules and Regulations for Removal, Transport, and Disposal of Solid Waste or Recyclables the undersigned makes application to the Board of Health for permission to collect and transport Solid Waste and/or Recyclables as set forth below:

Permit Fee: \$250.00 (Payable by check)

Rodent Control Fee: \$100.00 (payable by check)

You must include the following or permit will not be issued:

- Completed Application and Fee (non-refundable). All sections of this application must be completed. Incomplete applications will not be considered.
- A list of customer account names, addresses with frequency of pick-up
- Proof of Property/Liability Insurance. (Copy of Policy)
- A description of the collection vehicle(s) to be used, including the make, model, registration, year, type and size of compactor and the company name appearing on the vehicle(s)
- The Board of Health reserves the right to require all collection vehicles which are to be used in the City of Medford, to have affixed on them any markings identifying the permit holder.
- A contract or account verification from each disposal site. Recent invoice/bill(s) may be submitted.

Name of Company: _____

Address: _____

Telephone # : _____

Owner, Manager, or Agent responsible for the operation information:

Name: _____

Home Address: _____

Home Telephone #: _____

Email address: _____

If corporation or partnership, give names, titles, and home addresses or Officers:

1. _____

2. _____

3. _____

Number of Medford Accounts currently _____

Do you have capability to clean and deodorize dumpsters upon pickup? Yes _____ No _____

Are all dumpsters used in the City of Medford in good repair, covered and capable of being locked?

Yes _____

No _____

Do all of your dumpsters prominently display the current company name and telephone number?

Yes _____

No _____

Truck Information:

Estimated number of collection trucks to be used in the Town of Medford during the permit year: _____.
(Use separate sheet to list additional trucks)

Truck Registration Number: _____

State: _____

Type and Capacity: _____

Date of Last Inspection: _____

Truck Registration Number: _____

State: _____

Type and Capacity: _____

Date of Last Inspection: _____

Disposal/ Recycling Information:

List facilities where Solid Waste and/or Recyclables will be delivered for disposal or processing during the permit year. (Note multiple outlets if used during the permit year, Weight slips may be requested to verify end disposal site.)

Solid Waste Disposal Facility: _____
Address: _____
Material(s) Delivered: _____

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Address: _____
Material(s) Delivered: _____

Recyclables Processing Facility / MRF: _____
Address: _____
Material(s) Delivered: _____

Recyclables Processing Facility / MRF: _____
Address: _____
Material(s) Delivered: _____

Please check all and make sure all associated attachments are included. Incomplete applications will not be considered.

- This is a permit renewal: I have attached a copy of the Annual Solid Waste and Recyclables Reporting Form, or I have attached the total tons of Solid Waste collected for disposal and total tons of Recyclables collected for processing from Residential Customers/ Generators within the City of Medford during the previous calendar year or 12-month period. If this is your first application, write-in Not Applicable (NA).
- I have attached a copy of my certificate of insurance for public liability and property insurance.
- I certify that the company I represent operates in compliance with the Massachusetts Waste Ban regulations and The Mercury Disposal Prohibition.
- I have attached a copy of my marketing materials indicating the types of services offered, reminding Customers that recycling is mandatory and describing the Massachusetts Ban Materials.
- I confirm that my company is in compliance with the Bundled Service requirement outlined in Section VII of these regulations.
- I have attached a copy of my notification that will go to Customers who set out visible Waste Ban Materials mixed with Solid Waste, including a reminder that recycling is mandatory, describing what was seen that violated the Waste Bans and providing a phone number for the Board of Health.
- All employees understand and will help educate all Customers about the Massachusetts Waste Bans. I am an authorized official of the company applying for this permit.
- Pursuant to MGL Ch. 62C Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.
- I have attached Completed copy of the company **Pest/Rodent Control Report and (IPM) Integrated Pest Management Plan.**

Signature of Company Owner

Printed Name

Title

Date

Per MGL Chapter 111, Section 31 A & B and Medford BOH Regulation 5 – Permits may be suspended, revoked, or modified by the Board of Health, it’s agents or employees for failure of the dumpster contractor, owner, tenant, occupant, or agent to comply with the conditions and requirements of these regulations. This can include an order to remove the dumpster. Notice will be served in writing, sent by certified mail to last known address of the alleged violator. Upon three days of written notice, a written request may be submitted to request a hearing before the Board. In the event the Board of Health, its agents or employees deem that the health, safety, or welfare of the residents of the City of Medford is jeopardized and that an emergency exists, it may order all dumping terminated and the dumpsters removed, pending a BOH hearing.

ATTACHMENT 1: Annual Solid Waste and Recyclables Reporting Form

City of Medford

Date: _____

**ANNUAL SOLID WASTE AND RECYCLING REPORTING FORM
FOR PERMITTED HAULERS OPERATING IN MEDFORD**

Instructions: All sections of this form must be completed and submitted to the Board of Health with your Annual Permit Renewal Application. Private Hauler permits will not be issued until this report is filed.

Reporting Period:

For the period starting _____ through _____
MONTH/DATE/YEAR MONTH/DATE/YEAR

<p>Company Information:</p> <p>Company Name: _____</p> <p>Name of Person Completing Form: _____</p> <p>Address: _____</p> <p>City, State and Zip code: _____</p> <p>Phone: _____</p> <p>Email: _____</p>

In the table below, please provide the average number of Medford Customers you served during this 12-month reporting period, by category type.

Category:	Customer Count:
Residential Customers: Solid Waste and Recyclables	_____
Commercial Customers: Solid Waste and Recyclables	_____
Commercial Customers: Recyclables Only	_____
Commercial Customers: Solid Waste Only	_____

ATTACHMENT 2: Recycling Service and Exemption Form for Commercial Generators

RECYCLING AND SERVICE EXEMPTION FORM FOR COMMERCIAL GENERATORS IN THE CITY OF MEDFORD

Recycling is mandatory in the City of Medford.

The City of Medford regulation is attached here.

All Permitted Haulers must provide both Solid Waste and Recyclables collection to all Commercial Customers unless the Customer can provide proof to the Permitted Hauler that separate Recycling services are provided by another Permitted Hauler, or by one or several of the methods listed below. Commercial Customers that decline recycling collection service from their Permitted Solid Waste Hauler must demonstrate to their Permitted Hauler and the Medford Board of Health that they are diverting Mandatory Recyclables from disposal.

The Medford Board of Health periodically checks recycling compliance throughout the City of Medford and can offer outreach and assistance. Commercial Customers that do not separate Recyclables from Solid Waste destined for disposal at a landfill or waste combustor are subject to fines. Permitted Haulers that do not offer/provide collection of Recyclables along with Solid Waste pickup are also subject to fines, unless the City of Medford Board of Health has received this form showing that recycling services were offered.

Please choose one of the following:

- I am a Permitted Hauler/ customer service representative submitting this form on behalf of the business/organization listed below. Identify your company name here:

- I am a business/organization who has declined recycling service offered by my Solid Waste Hauler.
- I am a Permitted Hauler/customer service representative advising the Medford Board of Health of a business/ Organization who was offered recycling services but refused. Identify your company name here:

Business, Organization, or Property Manager Seeking Exemption

Business / Organization Name: _____

Business / Organization Contact: _____

Address: _____

City, State and Zip Code: _____

Phone: _____

E-Mail: _____

Materials Handling Information:

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Business / Organization Name: _____

Business / Organization Contact: _____

Address: _____

City, State and Zip Code: _____

Phone: _____

E-Mail: _____

Materials Handling Information:

Name of Permitted Solid Waste Hauler _____

Please describe the manner in which materials are recycled (check all that apply):

- Option 1 - Ship directly to mill: Identify recycling outlet _____
- Option 2 - Self-haul: Identify recycling outlet _____
- Option 3 - Back-haul to parent company
- Option 4 - Recycling Collection by Permitted Recycling Hauler

Name of Permitted Recycling Hauler _____

Signature _____

By signing below, I certify that I have read and understood the Town of Medford Board of Health requirements to comply with Mandatory Recycling as stated in the regulations.

Signature of Company Owner	Print Name	Title	Date
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