



**Town of Southhampton
Trash Collection Permit Application
BOARD OF HEALTH
210 College Highway, Suite 4
Southampton, MA 01073**

Tel. 413-529-1003 Fax. 413-529-6847
healthdirector@Townofsouthampton.org

DATE: _____

Action: Change, Cancel or Renewal (circle one)

Applicant/ Owner: _____

Doing Business As (DBA): _____

Address: _____

Business Telephone#: _____

Social Security# or Tax ID# _____

Description of Equipment:

License No.	Year	Make	Model/Number	Capacity (Cu. Yds.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional Information:

Manager's Name _____

Street Address: _____

Town/ST/Zip: _____

Emergency cell phone#: _____

Requested Hours of Operation

Weekdays

----- Weekends -----

Required Attachments:

1. A completed Solid Waste and Recycling Report.
2. A copy of your "sorry note" or other means of notifying customers of improper recycling or trash disposal.
3. A copy of recycling educational material you provide to your customers.
4. Copies of certificates of insurance for public liability and property insurance.
5. Workers Compensation Insurance Affidavit
6. List of all customers - residential and commercial with addresses.

Operations

The Waste Hauler will ensure that all trash is deposited at a duly authorized operating solid waste facility. Additionally, the Waste Hauler agrees to abide by the rules and regulations adopted by the Board of Health on January 11, 2017 as well as all applicable state statutes, regulations and laws.

The Waste Hauler shall provide a recycling program for Southampton Residents. Said program will be consistent with all federal, state and local rules, regulations and statutes. Details of the program must be submitted with this application. The Waste Hauler shall provide to the town annually a report detailing the amount and rate of recycling for its customers.

The undersigned hereby agrees to comply with all the Laws, Rules and Regulations of the Commonwealth of Massachusetts (MGL Ch.111, Sec. 31A) and the Town of Southampton governing the removal, transport and disposal of refuse and is aware that failure to comply with said laws, rules and regulations could result in suspension or revocation of refuse removal and transport disposal permits.

Signature of Owner or Company
Official _____

Print Name and Title _____

Date of Application: ___ / ___ /20

Permit Approval / Denial

Your application for a permit to Collect Trash is: **Approved / Denied** (circle one)

_____/_____/_____
Issuing Official Date 120

If denied, the above-named applicant is denied a license in the Town of Southampton for the following reasons. _____

Permit Fee Schedule

Permit Fee - \$300.00 and \$50.00 per vehicle operating in Town of Southampton
(permit term Jan 1 - Dec 31)

Permit Fee Received \$----- on __/__/20

Permit Stickers are to be placed on the driver's side, front bumper, of vehicle.

