

Town of Westwood
Commonwealth of Massachusetts
BOARD OF HEALTH



**APPLICATION TO REMOVE, TRANSPORT AND DISPOSE OF
GARBAGE, CONSTRUCTION DEBRIS, MEDICAL WASTE, AND
OFFENSIVE SUBSTANCES**

Fee: \$100.00

In accordance with the provisions promulgated under the authority granted by Chapter 111, s. 31A of the General Laws of the Commonwealth of Massachusetts, application for license/permit is hereby made to:

Business Name	
Business Address	Phone Number
Business Mailing Address (if Different)	
Email Address:	
Applicant Name & Title	Phone Number
Business owned by: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other Legal Entity _____	If a corporation or partnership, give name and title officers or partners: _____ _____ _____ _____
Attach a List of Current Client Location(s)	

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the business will comply with the Westwood Board of Health Dumpster Regulations.

Pursuant to M.G.L. Chapter 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 state taxes required under law.

Federal Identification/Social Security Number _____

Signature _____ Date _____

Permit fees are non-refundable