



TOWN OF LANCASTER

Trash Hauler Permit Application & Annual Renewal

Instructions:

- Please complete both sides of this application, including the Special Section.
- Please attach copies of the following information:

- Pick up schedule.
- Fee Schedule.
- Certificate of liability coverage.

Note: The minimum coverage required is **\$1,000,000**. This amount is in Accordance with requirements set forth by MassDEP

The application fee is \$200 for the first truck and \$150 for each additional truck. Please make the check payable to: "The Town of Lancaster" and send to

**Lancaster Board of Health
701 Main Street, Suite 6
Lancaster, MA 01523**

Company Information	
Company Name	
Location Address	
City, State, Zip Code	
Mailing Address (if different)	
City, State, Zip Code	
Emergency 24-hour Telephone#	
E-Mail Address	
Type of Service	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Roll-Off
Owner Information	
Full Name	
Address	
City, State, Zip Code	



Telephone #		
E-Mail Address		
Truck Information (Use separate sheet to list additional trucks)		
Registration Number	State	Capacity in Gallons

Disposal/Recycling Sites (List the names and addresses of the disposal sites that will be used)

Pursuant to M.G.L. Ch. 62C sec 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.

Social Security # or Tax ID#

Signature of Individual or
Corporate Name

Signature of Corporate Officer
(if applicable)

For Office Use			
Date Submitted	Fee	Date Approved/Denied	Permit #

