

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 Infor	mation	
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	Residential	Commercial	Roll-Off
	Owner Informa	tion	
Full Name			
Address			
City, State, Zip Code			

Revised for 03.2023



Mail Address Inck Information (Use separate sheet to list additional trucks) Registration Number State Capacity in Gallons Sposal/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 #					
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		laa aawawat		 :4:000 4m.ol	
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 undiaw. Social Security # or Tax ID# Signature of Individual or Corporate Name Signature of Corporate Officer (if applicable) For Office Use		-			
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	Registration NU	umber	State	Сара	acity in Gallons
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					
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					
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					
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					
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					
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	sposal/Recycling S	Sites (List the	names and addresses of	the disposal site	s that will be used)
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	sposar, necycling s	rices frist tile	names and addresses of	me disposal site	s mat will be useu)
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					
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					
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					
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					
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					
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					
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					
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					
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					
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					
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					
Social Security # or Tax ID# Signature of Individual or Corporate Name Signature of Corporate Officer (if applicable) For Office Use					
Social Security # or Tax ID# Signature of Individual or Corporate Name Signature of Corporate Officer (if applicable) For Office Use	Pursuant to M.G.L. Ch	h. 62C sec 49A	, I certify under the pe	enalties of perju	ıry that I, to the best of
Signature of Individual or Corporate Name Signature of Corporate Officer (if applicable) For Office Use					
Signature of Individual or Corporate Name Signature of Corporate Officer (if applicable) For Office Use	my knowledge and be				
Signature of Individual or Corporate Name Signature of Corporate Officer (if applicable) For Office Use	my knowledge and be				
Corporate Name Signature of Corporate Officer (if applicable) For Office Use	my knowledge and be law.	elief, have file			
Corporate Name Signature of Corporate Officer (if applicable) For Office Use	my knowledge and be law.	elief, have file			
Signature of Corporate Officer (if applicable) For Office Use	my knowledge and be law. Social Security # or	elief, have file Tax ID#			
(if applicable) For Office Use	my knowledge and be law. Social Security # or Signature of Individ	elief, have file Tax ID#			
(if applicable) For Office Use	my knowledge and be law. Social Security # or Signature of Individ	elief, have file Tax ID#			
For Office Use	my knowledge and be law. Social Security # or Signature of Individ Corporate Name	elief, have file Tax ID# lual or			
	my knowledge and be law. Social Security # or Signature of Individ Corporate Name Signature of Corpor	elief, have file Tax ID# lual or			
	my knowledge and be law. Social Security # or Signature of Individ Corporate Name Signature of Corpor	elief, have file Tax ID# lual or			
Date Submitted Fee Date Approved/Denied Permit #	my knowledge and be law. Social Security # or Signature of Individ Corporate Name Signature of Corpor	elief, have file Tax ID# lual or			
	my knowledge and be law. Social Security # or Signature of Individ Corporate Name Signature of Corpor (if applicable)	elief, have file Tax ID# lual or			
	my knowledge and be law. Social Security # or Signature of Individ Corporate Name Signature of Corpor (if applicable) For Office Use	elief, have file Tax ID# lual or rate Officer	d all state tax returns	and paid all sta	te taxes required under
	my knowledge and be law. Social Security # or Signature of Individ Corporate Name Signature of Corpor (if applicable) For Office Use	elief, have file Tax ID# lual or rate Officer	d all state tax returns	and paid all sta	te taxes required under
	my knowledge and be law. Social Security # or Signature of Individ Corporate Name Signature of Corpor (if applicable) For Office Use	elief, have file Tax ID# lual or rate Officer	d all state tax returns	and paid all sta	te taxes required under
	my knowledge and be law. Social Security # or Signature of Individ Corporate Name Signature of Corpor (if applicable) For Office Use	elief, have file Tax ID# lual or rate Officer	d all state tax returns	and paid all sta	te taxes required under

Revised for 03.2023

