



# Town of Lancaster

## Trash Hauler Permit Application

### 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  
695 Main St., 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 <i>(Use separate sheet to list additional trucks)</i>		
Registration Number	State	Capacity in Gallons

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


**Special Section**

**A. Additional Requirements**

- a. A Reporting Form must be submitted to the Board of Health on a monthly or quarterly basis. A copy of the form is attached for your use. The form must be included with this application.
- b. You are required to provide a single price for trash service with recycling for Lancaster customers. Include the fee range for each service you provide.

**B. Additional Information**

- a. Identify the types and quantities of containers or stickers provided to your residential customers for recycling. \_\_\_\_\_
- b. What percent of your residential customers are putting recycling bins out for collection? \_\_\_\_\_
- c. Are those bins being serviced at least once a month? \_\_\_\_\_
- d. What percentage of your commercial customers have bins or dumpsters for recycling? \_\_\_\_\_
- e. Have you included the list of your customers with their service addresses?  
\_\_\_\_\_
- f. Have you included certificates of insurance? \_\_\_\_\_
- g. Attached is the Waste Ban Law. Please explain how you have educated your residential and commercial customers about this law.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 files 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 Number(s)