

CITY OF EVERETT
MASSACHUSETTS



HEALTH DEPARTMENT

484 Broadway, Room 20
Everett, MA 02149
(617) 394-2255

STEVE SUPINO
EXECUTIVE DIRECTOR OF
HEALTH & HUMAN SERVICES

BOARD OF HEALTH

SEAN F. CONNOLLY, DPM
CHAIR
MELISSA MASSUA
MEMBER
KIM FERRANTE
MEMBER

BOARD OF HEALTH

**Application for Permit to Operate a Dumpster Service
(Pursuant to Chapter Nine, Article One of the Revised Ordinances of the City of Everett, as amended)**

Date of Application: _____/_____/_____
\$100.00

Yearly Permit Fee =

Application is hereby made for a permit to operate a DUMPSTER SERVICE and for the removal or transportation of garbage, rubbish, offal or other offensive substances in the City of Everett, in accordance with Chapter 111, Section 31A of the General Laws of the Commonwealth of Massachusetts and the Rules and Regulations of the Board of Health.

Applicant Status: () Individual () Corporation () Partnership ()
Other _____

Organization Name: Phone:

Address: City: State: Zip:

Partners or Officers of Organization: Title: Address:
Phone:

Partners or Officers of Organization: Title: Address: Phone:

Please attach a list of the names, addresses or residential and commercial locations served by you that are located in Everett, Massachusetts.

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under 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 Fed. I.D. #: _____

Signature of Applicant/Corporate Officer: _____

All sections must be completed prior to the processing of this application.