## SOLID WASTE HAULER APPLICATION



TOWN OF SUTTON Sutton Municipal Center Board of Health 4 Uxbridge Road Sutton, MA. 01590 Telephone (508) 865-8724

## LICENSE IS VALID FOR ONE YEAR AND EXPIRES ON JUNE 30th

| FEE: \$120   | .00/Per Truck   | SOLID WASTE HAU  | <u>LER</u>     | # of TRUCKS:                |          |
|--|---|--|----------------|-----------------------------|----------|
| Name of C  | Company   | Pho  | ne             |                             |          |
| Address o  | f Company   |  |                |                             |          |
| CITY   |   | STATE  | ZIP COD        | E                           |          |
| Email Addre  | SS  |  |                |                             |          |
| Truck Reg  | gistration#   | Name of Driver _   |                |                             |          |
| CHECK LIS  | = =   |  | YES            | NO                          |          |
| Truck Safety Inspection Current- State Seal Marking of Vehicle- Business' name/phone # on both sides |   |  |                |                             |          |
| (letters & numbers no less then (6) inches in height)  |   |  |                |                             |          |
| Spillage/Debris-Absence of spillage & loose debris   |   |  |                |                             |          |
| Odors-Absence of offensive odors in or near the truck  |   |  |                |                             |          |
| Cleanliness-External parts of the truck in clean condition Spill Kit- for Medical Waste to include:  |   |  |                |                             |          |
|  |   | sses, speedy-dry, eye was  | h shovel       |                             |          |
|  | orush,gloves & face   |  | ii, dilovci    |                             |          |
|  |   | Liability Insurance is requ  | uired with t   | his application.            |          |
| Please read be<br>A.   | Permitted private hau a precondition to rece  | tlers must offer recycling services siving a permit to collect waste with customers the service of removin | hin the Town o | f Sutton, shall be required | d to     |
| B.   | <u>Compliance with Solid Waste Bans:</u> Permitted Private Collectors shall provide recycling services to allow compliance with the Commonwealth of Massachusetts, Department of Environmental Protection Solid Waste Bans and any other item deemed feasible by the Health Department. |  |                |                             |          |
| C.   | Truck inspections : Al  | Il Solid Waste Trucks are subject t  | to random insp | ections.                    |          |
| D.   | <u>Hours of Operation</u> : All Pickups must be done between the hours of 7:00AM-6:00PM, any pickup before or after these hours will be subjected to an appearance before the Board and any subsequent offenses subject to fines and loss of license.                                   |  |                |                             |          |
| E.   |   | <u>tegulation</u> : You have read the Tove to follow the terms of said regula                              |                | oard of Health Solid Wast   | e Hauler |
|  |   |  |                | Signature of Driver         | Date     |
|  |   | For Board of Health Use  | Only           |                             |          |
|  | Fee Paid _  | Check #  |                |                             |          |
| Sticker #/Per  | Truck   |  |                |                             |          |
|  |   | ULY 1st:   |                |                             |          |
| Signature of   | Board of Health Of  | fice   |                | Date:                       |          |