



Town of Ware Board of Health 126 Main Street
Ware, Ma 01082 Tel (413) 9679615

**APPLICATION FOR PERMIT TO COLLECT, REMOVE,
TRANSPORT AND DISPOSE OF REFUSE WITHIN THE TOWN
OF WARE**

DATE: _____

The undersigned hereby applies for a permit in accordance with the provisions of the statutes and rules and regulations of the Ware Board of Health relating thereto:

APPLICANT NAME: _____

APPLICANT TITLE/POSITION: _____

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

In said Town of Ware, Massachusetts in conformity with the authority granted to the Board of Health by Chapter III, Section 31, 31A, 31B and Section 122 of the Laws of the Commonwealth of Massachusetts relating thereto, and upon such terms and conditions, and to the rules and regulations in regard to the carrying on of the occupation so permitted as adopted by the Board of Health.

**TOTAL NUMBER OF COMPANY TRUCKS COLLECTING OR DISPOSING OF
REFUSE IN TOWN OF WARE:** _____

| Truck # | Plate Number | Make | Year |
|---------|--------------|------|------|
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Use additional sheet of paper as needed

In addition, application is hereby made for a permit to locate refuse storage container(s) [Dumpsters] within the Town of Ware in accordance with the rules and regulations of the Board of Health.

| Container/Dumpster # | Location | Capacity |
|----------------------|----------|----------|
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Use additional sheets of paper as needed or you may provide the required information in another acceptable format.

Signature of Applicant Printed Name

2009 FEE: \$225.00 per company **Payable to:** Town of Ware