



**CITY OF PEABODY  
DEPARTMENT OF HUMAN SERVICES**

**24 Lowell Street  
Peabody, Massachusetts 01960  
(978) 538-5926  
Fax: (978) 538-5990**

**SHARON CAMERON  
DIRECTOR**

**BOARD OF HEALTH  
BERNARD H. HOROWITZ,  
CHAIRMAN  
THOMAS J. DURKIN III  
LEIGH ANN MANSBERGER, M.D, MPH**

**APPLICATION FOR PERMIT**

**to  
REMOVE, TRANSPORT OR DISPOSE OF GARBAGE, OFFAL  
OR OTHER OFFENSIVE SUBSTANCES**

Enclose a check for **\$50.00** (FIFTY DOLLARS) for **each truck**  
Payable to the **CITY OF PEABODY**

I agree to abide by all rules and regulations which the Peabody Board of Health may have, adopt or revise.

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**(PRINT) Name of business**

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**(PRINT) Address of business**

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**(PRINT) Mailing address (if different from above)**

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**Business phone number**

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**(PRINT) Manager Name and 24/7 contact information**

**Number of trucks operating within the city** \_\_\_\_\_

**Truck registration numbers:** \_\_\_\_\_

**Description of Material transported: (PLEASE CHECK)**

- Septic/Sewage**  
 **Grease/Waste Oil**  
 **Garbage**  
 **Other** \_\_\_\_\_

(Describe)

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Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Social Security Number or Federal I.D. Number: \_\_\_\_\_

Corporate Name (if applicable): \_\_\_\_\_ Phone number \_\_\_\_\_

Corporate Officer if a corporation, or **other owner**: \_\_\_\_\_ Phone number \_\_\_\_\_

Address of ownership \_\_\_\_\_

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Signature of Owner

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Date