



**CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES**

**24 Lowell Street
Peabody, Massachusetts 01960
(978) 538-5926
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**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.

(PRINT) Name of business

(PRINT) Address of business

(PRINT) Mailing address (if different from above)

Business phone number

(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)

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 _____

Signature of Owner

Date