



SHARON A. CAMERON  
DIRECTOR

**CITY OF PEABODY  
DEPARTMENT OF HUMAN SERVICES**

24 LOWELL STREET  
PEABODY, MASSACHUSETTS 01960  
(978) 538-5926  
FAX: (978) 538-5990

Board of Health  
BERNARD H. HOROWITZ,  
CHAIRMAN  
THOMAS J. DURKIN III  
LEIGH ANN MANSBERGER, M.D,  
MPH

**RENEWAL APPLICATION TO OPERATE A TRANSFER STATION**

**FEE: \$100.00 (one hundred dollars)**  
**Payable to: "CITY OF PEABODY"**

DATE \_\_\_\_\_

\_\_\_\_\_  
**ESTABLISHMENT NAME**

\_\_\_\_\_  
**ESTABLISHMENT ADDRESS**

\_\_\_\_\_  
**PHONE NUMBER**

\_\_\_\_\_  
**FAX**

If corporation or partnership, give name, title and home address of officers or partners:

**State of Incorporation:** \_\_\_\_\_ (attach list if necessary)

NAME	TITLE	HOME ADDRESS

\_\_\_\_\_  
**Name of Local Agent or Manager**

\_\_\_\_\_  
**Address of Local Agent or Manager**

\_\_\_\_\_  
**Emergency Response Person**

\_\_\_\_\_  
**Emergency Response Phone**

\_\_\_\_\_  
**Home Phone**

\_\_\_\_\_  
**Signature of Applicant**

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Social Security Number or Federal Identification No.

\_\_\_\_\_  
Signature of Individual or Corporate Name

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Corporate Officer (if applicable)