



Town of Athol
BOARD OF HEALTH
 584 Main Street
 Athol, Massachusetts 01331

Telephone 978-249-7934 Fax 978-249-0134 Email boh@townofathol.org
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Application for Refuse Hauler's Permit
Fee: \$100.00 Annually Payable to the Town of Athol

Pursuant to Massachusetts General Law Chapter 111, section 31A.

Date of Application: _____

Name of Applicant: _____

Name of Firm: _____

Address: _____

Telephone #: _____ Emergency 24 Hr. # _____

Type of Services offered: Please circle all that apply. 1. Weekly Residential Pickup,
 2. One Time Residential Pickups 3. Cleanouts 4. Commercial Pickup 5. Dumpsters, Roll offs.

Site of Disposal facility/facilities (landfill, incinerator, etc.) name address and telephone number, which will be used to dispose of refuse/ recyclables collected in Athol:

List all vehicles; each require a BOH permit sticker

Description of Vehicle	License Plate #
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Three (3) References: include name, address, and telephone # **(NEW APPLICANT ONLY)**

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best knowledge and belief, have filed all State Tax returns and paid all State Taxes required under law.

Signature	Title
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Federal ID #: _____