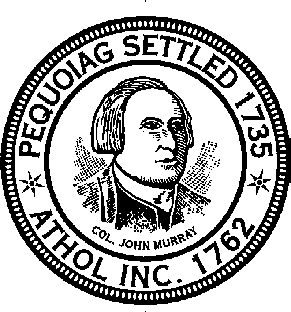
**Town of Athol**

**Board of Health**

**584 Main Street Athol, Massachusetts 01331**

978-249-7934

**2023 Application for Trash Hauler Permit**

**Fee: $150.00 Annually Payable to the Town of Athol**

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

Date of Application:

Name of Applicant:

Business Name: Click here to enter text.

Business Address:

Mailing Address: Same

Telephone Number: 24 Hour Emergency Number:

Email Address:

**Type of Services offered**, please check all that apply:

1. Weekly Residential Pickup  3. Cleanouts X 5. Dumpsters or Roll offs

2. One Time Residential Pickups  4. Commercial Pickup

**Site of Disposal Information**:

Name, address and telephone number of facility, or facilities, (landfill, incinerator, etc.) which will be used

to dispose of refuse and recyclables collected in Athol:

**Vehicle Information:**

Each vehicle requires a separate permit sticker. Please attach separate sheet if more than 3 used.

Description of Vehicle (make, model, color) License Plate #

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Description of Vehicle (make, model, color) License Plate #

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Description of Vehicle (make, model, color) License Plate #

**New applicants only:**

Please providethree (3) References; include name, address, and telephone number for each.

Pursuant to MGL C 62C, S 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.

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**Signature Title**

**Federal ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**