



Frank Giacalone
Director of Board of Health

TOWN OF SAUGUS

BOARD OF HEALTH
298 CENTRAL STREET
SAUGUS, MASSACHUSETTS 01906



Public Health
Prevent. Promote. Protect.

Telephone: (781) 231-4115
Fax: (781) 231-4109

WASTE HAULER APPLICATION

BUSINESS INFORMATION

Business Name: _____

Address: _____ City/Town: _____

State: _____ Zip Code: _____

BUSINESS INFORMATION

Owner: _____ Manager: _____

Address: _____

Home Phone: _____ Telephone: _____

COMMERCIAL (BUSINESS) COLLECTION

Year Model Registration #

Year Model Registration #

Year Model Registration #

Year Model Registration #

Load Capacity: _____

Air Tight: Yes No

Where Garaged: _____

Water Tight: Yes No

Final Point of Disposal: _____

Are you licensed by the Department of Environmental Protection for Hazardous Waste Removal?
Yes No (If yes provide a copy of your license with this application)

AUTHORIZATION

Only vehicles, which have been listed above, are authorized to operate in the Town. Additional vehicles must be reported to the Health Department. The above statements are true to the best of my knowledge.

Signature of Applicant _____ Date: _____ **Permit Fee \$200.00**

FOR BOARD OF HEALTH USE ONLY

Date Received _____ Check Number _____ Permit No. _____ Amount _____ Taxes and Fees Paid Late Fee \$50.00