



John Fralick, III RS/REHS
 Director of Public Health

TOWN OF SAUGUS

BOARD OF HEALTH
 298 CENTRAL STREET
 SAUGUS, MASSACHUSETTS 01906



Public Health
 Prevent. Promote. Protect.

Telephone: (781) 231-4120
 (781) 231-4117
 jfralick@saugus-ma.gov

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
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>