

# Solid Waste Hauler Permit Application

## Company Information

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Emergency Phone #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Types of Services: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Roll-Off

## Owner Information

Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Disposal/Recycling Sites

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

## General Description of Solid Waste Hauler Vehicles

Vehicle: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Vehicle: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Vehicle: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Vehicle: \_\_\_\_\_ Company Name: \_\_\_\_\_

## Certifications

Under penalties of perjury, I hereby certify that:

1. I am authorized by my company to make the following legally binding certifications, and
2. I have received a copy of, read, understand, and agree to comply with all sections of, the Ayer Board of Health Solid Waste Hauler Regulations, including:
  - Continuous maintenance of valid insurance policies throughout the entire period for which my permit is valid.
  - Conspicuous display of the business name and telephone number on all solid waste vehicles operating in the Town of Ayer.
  - Conspicuous display of the business name and telephone number on all solid waste containers provided to customers in the Town of Ayer.
  - Solid waste collection only between the hours of 7 AM – 7 PM.
  - Semiannual reporting of solid waste and recyclables tonnage collected in the Town of Ayer using the form specified by the Board of Health.
  - Indemnification of the Town of Ayer for any liability for injuries to persons or damage to property that may arise in relation to the collection and/or transport of solid waste in accordance with any permit issued in response to this application.
  - Indemnification of the Town of Ayer for any liability that may arise from the improper treatment, storage or disposal of any solid waste, hazardous waste or recyclable materials collected within the Town.
  - A copy of the Solid Waste Hauler permit will be kept in each truck operating in the Town of Ayer.

Tax ID #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Name (Print): \_\_\_\_\_

\_\_\_\_\_  
Signature Date

-----BOH USE ONLY-----

Date Received	Complete?	Fee	Date Approved	Date Denied	Permit Number

Reason of Denial:	
Other Comments:	