

Dennis Health Department

685 Route 134, South Dennis, MA 02660
Phone: 508-760-6158 • Fax: 508-394-6289
Web: www.town.dennis.ma.us



Date Received _____
Fee: \$110.00
Fee Paid _____
Checks payable to "TOWN OF DENNIS"
Check No. _____
Staff Initials _____

Application for Refuse Hauler's Permit

Date: _____

Please Print

Name of Applicant/Business Owner		Name of Business	
Home Address			
Business Address (Street & Mailing)			
Applicant's Phone No.		Business Phone No.	
Business Fax No.		Business E-mail Address	
Number of Trucks	Have you had a Refuse Hauler's Permit revoked or suspended in the past five (5) years?		

List each truck and vehicle registration number:

Vehicle	Registration No.	Vehicle	Registration No.	Vehicle	Registration No.
1.		4.		7.	
2.		5.		8.	
3.		6.		9.	

List towns where you are currently licensed:

1.	2.	3.	4.
----	----	----	----

Signature of Applicant: _____ Date: _____

Worker's Compensation Insurance

In accordance with Chapter 152, Sec. 25C, Subsection 6, of the Mass. General Laws, a Worker's Compensation Insurance Affidavit must be completed, signed and returned with this application.

For Office Use:

PERMIT APPROVED BY:

PERMIT INFORMATION:

Signature: _____

Permit Number _____

Date: _____

Comments: _____