

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 _____
\$130.00 Fee Paid _____ Checks payable to "TOWN OF DENNIS"
Check No. _____
Staff Initials _____

Application for Refuse Hauler License

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.
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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.