

SEPTAGE HAULER

OFFICE OF THE  
**BOARD OF HEALTH**  
13 EAST CENTRAL STREET  
NATICK, MASSACHUSETTS 01760  
PHONE (508) 647-6460 \* FAX (508) 647-6466

NO: \_\_\_\_\_

**FEE: \$325.00**

To The Licensing Authorities:

The undersigned hereby applies for a License in accordance with the provision of the Statutes relating thereto

\_\_\_\_\_  
(Full name of person, firm or corporation making application)

**PURPOSE FOR WHICH LICENSE IS REQUESTED**

**TO REMOVE, TRANSPORT AND DISPOSE OF GARBAGE, OFFAL, OR  
OTHER OFFENSIVE SUBSTANCES**

**I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.**

\_\_\_\_\_  
Signature of Individual or Corporate Name  
(Mandatory)

\_\_\_\_\_  
Corporate Officer  
(Mandatory if applicable)

\_\_\_\_\_  
S.S. # (Voluntary) or Federal ID#

**THIS LICENSE WILL NOT BE ISSUED UNLESS THIS CERTIFICATION CLAUSE IS  
SIGNED BY THE APPLICANT.**

Your S. S.# will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to License suspension or revocation. This request is made under the authority of Mass. G.L. c. 62Cs. 49A.

\_\_\_\_\_  
Signature of applicant (mandatory)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address