



Brian D Fitzgerald  
Director

City of Holyoke  
Board of Health  
City Hall Annex, Room 306  
Holyoke, MA 01040  
Tel 413-322-5595  
Fax 413-322-5596

## APPLICATION TO: REMOVE AND TRANSPORT GARBAGE, SEPTAGE, OFFAL OR OFFENSIVE SUBSTANCES PERMIT

APPLICATIONS MUST BE SUBMITTED TO OUR OFFICE NO LESS THAN 30 DAYS BEFORE OPENING DATE PLEASE SUBMIT ALL REQUESTED PAPERWORK. INCOMPLETE APPLICATIONS WILL BE RETURNED. NO PERMITS WILL BE ISSUED IF TAXES ARE OWED.

In accordance with **M.G.L. c.111, Section 31A-31B and 310 CMR 15.402 (Title 5)** the undersigned makes application to the Board of Health for permission to remove and transport **GARBAGE, SEPTAGE, OFFAL OR OFFENSIVE SUBSTANCES** as set forth below:

FEE: (check one)       1-10 Vehicles:      \$50.00 per vehicle  
                                  11-20 Vehicles:      \$20.00 per vehicle  
                                  Over 21 Vehicles:      \$10.00 per vehicle

Business Name: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

List all registration numbers and type of vehicle for each vehicle used in the City of Holyoke: (Note: complete and attach additional pages if necessary)

Type of Vehicle: \_\_\_\_\_ Reg. Plate # \_\_\_\_\_

If **Septic Hauler**, list areas where septage will be accepted from (and append customer list):

\_\_\_\_\_  
\_\_\_\_\_

If **Septic Hauler**, list all locations (Cities and Towns) where septage will be disposed of (include a copy of the Contract or approval for use of the disposal location).

\_\_\_\_\_  
\_\_\_\_\_

I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to dispose of septage anywhere other than the identified disposal locations or others approved of the by the Board in writing as an amendment to this permit.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### All Payments Due With Application

For Office Use Only-Make all checks payable to the City of Holyoke			
Date Received	Amount Received	Check No.	Received by: