

TO: Applicants for Licensed Septage Hauler
FROM: Acton Board of Health
SUBJECT: Application Procedures

All parties who wish to become a licensed septage hauler in the Town of Acton must complete the information requested below and forward it to this office with an executed copy of the attached statement. Once these documents have been received, an inspection of the vehicle may be scheduled.

Name of Business _____

Name of Owner _____

Business Address _____

Type/Capacity of Vehicles _____

Number of Vehicles _____

Please provide a statement from any treatment plant that will accept septage from your company. This must be provided on the treatment plant's letterhead. Otherwise, all waste must be taken to Upper Blackstone in Millbury, MA.

Fee for License: \$ 120.00 per year

APPLICATION FOR SEPTAGE HAULER'S PERMIT

1. Applicant

Name _____
Proprietor - if corporation, officer(s) _____

Business Address _____

Phone _____
Driver(s) Name(s) _____

2. Vehicle

Make _____ Year _____
Registration Number _____
Capacity in Gallons _____ Last Inspected _____

3. Other Towns in which Applicant is Licensed

_____ License # _____
_____ License # _____

For Office Use

Fee Paid _____ Condition of Truck _____
Applicant in Receipt of Appropriate Acton Regulations? _____
Approved _____ License Number _____

Pursuant to Massachusetts General Law Chapter 62C, Section 49A, I certify under the pains and penalties for 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.

Social Security Number or
Federal Identification Number

Signature of Individual or
Corporate Name

Corporate Officer (if applicable)