



## ACTON BOARD OF HEALTH

Douglas Halley  
Health Director

472 Main Street  
Acton, MA 01720

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### APPLICATION FOR COMMERCIAL HAULER'S LICENSE RENEWAL

FEE: \$100.00 Per Year

NAME OF FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

PROPRIETOR(S)/CORPORATE OFFICERS/PARTNERS:

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

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

\_\_\_\_\_  
Social Security Number or  
Federal Identification

\_\_\_\_\_  
Signature of Individual  
or Corporate Name

By: \_\_\_\_\_  
Corporate Officer (if applicable)