



2024 PERMIT APPLICATION
TO REMOVE, TRANSPORT AND DISPOSE OF
SOLID WASTE OR RECYCLABLES:

**APPLICATION FOR LIMITED PERMIT FOR HAULING OF
SINGLE-MATERIAL SOLID WASTE OR RECYCLABLES
AND/OR TEMPORARY, ROLL-OFF DUMPSTERS**

Instructions: All sections of this application must be completed. Incomplete applications will not be considered.

In accordance with MGL Chapter 111, Sections 31 A and 31B and in accordance with the Chapter 145, Article IV of the Code of the Town of Harvard, the undersigned makes application to the Board of Health for permission to collect and transport Solid Waste and/or Recyclables as set forth below:

☐ Check here if this is your first time applying in Harvard. ☐ Check here if this is a renewal application.

Permit Fee

The application fee is \$250 for a new applicant or \$150 for a renewal applicant, per company, seeking a permit to operate in the Town of Harvard. Please make checks payable to the Town of Harvard.

Permit Date

If approved, this permit will be effective from 1/1/2024 to 12/31/2024.

Please select which type(s) of collection you will be providing (*check all that apply*):

☐ Single-material solid waste and/or recyclables ☐ Temporary roll-off dumpsters

Company Information

Company Name	
Contact Name	
Location Address	
City, State ZIP Code	
E-Mail Address	
Telephone Number	

Mailing Address (if different)	
City, State, ZIP Code	
Emergency 24-hour Contact Name	
Emergency 24-hour Telephone #	
Website	

Truck Information

Estimated number of collection trucks to be used in the Town of Harvard during the permit year:_____.

(Use separate sheet to list additional trucks)

Truck Registration Number	State	Type and Capacity	Date of Last Inspection

Disposal/ Recycling Information

List facilities where Solid Waste and/or Recyclables will be delivered for disposal or processing during the permit year.

(Note multiple outlets if used during the permit year. Weight slips may be requested to verify end disposal site.)

Solid Waste Disposal Facility	Address	Material(s) Delivered
Recyclables Processing Facility/MRF	Address	Material(s) Delivered

Please check all boxes below and ensure that all associated materials are attached. Please contact the Board of Health with any questions. ***Incomplete applications will not be considered.***

- ☐ I have attached a copy of my certificates of insurance for personal and adverse injury.
- ☐ I have attached documentation that my company has informed its generators of the Massachusetts Waste Ban materials.

Please certify the following statements:

- ☐ I am an authorized official of the company applying for this permit.
- ☐ The company is registered to do business in Massachusetts.
- ☐ The company I represent operates in compliance with the Massachusetts Waste Ban regulations and the Mercury Disposal Prohibition.
- ☐ All employees understand and will help educate all Customers about the Massachusetts Waste Bans.
- ☐ Pursuant to MGL Ch. 62C Section 49A, 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.
- ☐ All collection receptacle and vehicles operating in the municipality clearly state the name of the hauler, as listed on this application.

Signature

Printed Name

Title