



**TOWN OF LEICESTER
BOARD OF HEALTH
3 Washburn Square
LEICESTER, MASSACHUSETTS, 01524-1333**

Board Members
Chairman
Christopher M. Montiverdi
Vice-Chairman
Debra Rigiero
Member
Robin Wood

Phone: 508-892-7008 FAX: 508-892-7500

Director of Public Health
Darlene M. O'Connor

**2010 APPLICATION \$150.00 Fee per truck
\$200 New truck or Late Fee per truck**

PERMIT NUMBER: _____

RESIDENTIAL COLLECTION PERMIT APPLICATION

(Please Print or Type - illegible or incomplete applications will be rejected.)

NAME OF APPLICANT: _____

BUSINESS NAME: _____

DO HEREBY MAKE APPLICATION FOR A LICENSE TO ENGAGE IN THE
BUSINESS OF COLLECTING REFUSE.

BUSINESS ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

BUS. TELEPHONE: _____ EMERGENCY PHONE: _____

EMAIL ADDRESS: _____

NAME(S) AND LOCATION(S) OF PERMITTED SOLID WASTE FACILITY YOU
USE FOR DISPOSAL OF TRASH:

DESCRIPTION OF VEHICLE:

VEHICLE #1: MAKE: _____ REG. NUMBER: _____
MODEL: _____ CAPACITY: _____

VEHICLE #2: MAKE: _____ REG. NUMBER: _____
MODEL: _____ CAPACITY: _____

**Failure to abide by DEP Regulations for solid waste disposal will result in
possible fines, court action and revocation of your license.**

Signature of applicant _____ Date _____

Approved By: _____ Date: _____

Rejected: _____ Date _____