



OFFICE OF THE BOARD OF HEALTH TOWN OF LEICESTER

3 WASHBURN SQUARE • LEICESTER, MASSACHUSETTS 01524-1333
TELEPHONE: (508) 892-7008 • FAX: (508) 892-1163

www.leicesterma.org



APPLICATION FOR TRANSPORTATION OF OFFAL PERMIT

\$150.00 per truck (\$200.00 after 12/31) - PAYMENT DUE WITH APPLICATION

Remit application and payment to: Town of Leicester (at above address)

Name of Applicant: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Signature of Applicant

Date

Signature indicates that you, as a permitted hauler, understand the below listed requirements and will follow such requirements for a permit as directed by the Leicester Board of Health in accordance with M.G.L. Chapter 111 Sections 31A and 31B.

Number of permitted trucks: _____

What facility(s) do you transport sewage or trash to: _____

DESCRIPTION OF VEHICLES

Make: _____ Year: _____ Type: _____

Capacity: _____ Color: _____ Plate No.: _____

REQUIREMENTS:

Sewage Haulers require:

- ★ Certificate of insurance
- ★ Copy of vehicle(s) registration

Trash Haulers

- ★ Certificate of Insurance
- ★ Copy of vehicle(s) registration
- ★ Security Bond
- ★ Trash hauling route list

PERMIT #: _____

APPROVED BY: _____

REJECTED BY: _____

DATE APPROVED: _____