

Wellesley Health Department	Fee: \$25.00 (per truck)
Ann F. Warren Building	Expires: 12/31
90 Washington Street	Permit #
Wellesley, MA 02481	Date Paid:
Telephone: (781) 235-0135 Fax: (781) 235-4685	

**APPLICATION FOR A RUBBISH HAULERS PERMIT**

The following information must be provided:

**Company Name and Location** (print or type information):

Full Name:	Telephone:
Establishment Name:	
Location Address:	
Mailing Address:	

Truck Registration

Numbers: \_\_\_\_\_

**Important: A check payable to "Town of Wellesley" must accompany this application.**

I understand that I must comply with the Board of Health regulations for hauling rubbish in the Town of Wellesley and that the issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or licenses required by any local, state, federal or other regulatory agency.

Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

_____	_____
Signature of Individual or Corporate Name	Date Signed
_____	_____
Signature of Corporate Officer (if applicable)	Social Security No. or Tax Id. Number: