

# TOWN OF PLAINVILLE

# PERMIT APPLICATION

## “TO PUMP & HAUL OFFAL”

Date of Application: \_\_\_\_\_

*The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto*

**ALL INFORMATION MUST BE INCLUDED. PLEASE MAKE ANY CORRECTIONS NECESSARY.**

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Phone Number of Business \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Name & Title of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Phone Number of Applicant \_\_\_\_\_

EMAIL Address \_\_\_\_\_

*In said Town of Plainville in accordance with the rules and regulations made under authority of said statutes.*

## PUMPING RECORDS MUST BE SUBMITTED TO THE BOARD OF HEALTH MONTHLY

VEHICLES: \_\_\_\_\_

<i>year</i>	<i>make</i>	<i>registration #</i>	<i>state</i>
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<i>year</i>	<i>make</i>	<i>registration #</i>	<i>state</i>
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**Disposal Location:** \_\_\_\_\_

<i>Name,</i>	<i>Address</i>
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*I certify under the 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 (Mandatory)

\*By Corporate Officer (Mandatory, if applicable)

\*\*Social Security or Federal Identification Number

*\* This license or permit will not be issued unless this certification clause is signed by applicant.*

**\*\* Your social security number may be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c.62C s.49A.**