



CITY OF WALTHAM

MASSACHUSETTS

BOARD OF HEALTH

MICHELLE M. FEELEY

DIRECTOR OF PUBLIC HEALTH

Transportation of Garbage and Grease Trap Applications

For the year: _____

Application and Fee of \$275.00 payable to the City of Waltham

Please mail to the Health Department, 119 School Street, Waltham, MA 02451

Business Name: _____

Business Address: _____

Business Phone Number: _____ Email: _____

Contact Person and Phone Number: _____

****Please have company name, address, and telephone number visible on all vehicles transporting garbage or other offensive substances including FOG (fat – oil – grease) in the City of Waltham.**

In accordance with Chapter 111, Section 31A of the M.G.L., I hereby apply for a permit to remove and/or transport garbage offal or other offensive substances including FOG (fat – oil – grease) through the streets of the City of Waltham, Massachusetts.

****Please list names and addresses from which collections are made.**

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)

Federal ID or Social Security Number: _____

This License will not be issued unless the applicant signs this certification clause.

****Your Social Security Number will 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 suspension or revocation. This request is made under the Authority of Massachusetts General Laws – c. 62C s. 49A.**

119 SCHOOL STREET, WALTHAM, MA 02451 PHONE: 781-314-3305 FAX: 781-314-3319