



# CITY OF WALTHAM

MASSACHUSETTS

BOARD OF HEALTH

WALTER S. SWEDER, JR.

DIRECTOR OF PUBLIC HEALTH

**TRANSPORTATION OF GARBAGE AND GREASE TRAP APPLICATIONS  
APPLICATION AND FEE \$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:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS & PHONE NUMBER:** \_\_\_\_\_

TO WHOM IT MAY CONCERN:

\*\* PLEASE HAVE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER VISABLE 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:  
ATTACH SEPARATE SHEET.**

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 Number or  
Federal Identification 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 Mass. General Laws-c. 62C's 49 A.

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