

FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. SEP -	YEAR 2016
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# APPLICATION FOR PERMIT TO REMOVE, TRANSPORT, AND DISPOSE OF SEPTAGE OR OTHER OFFENSIVE SUBSTANCES

CASH

CHECK



NORTHAMPTON BOARD OF HEALTH  
212 MAIN STREET  
NORTHAMPTON, MA 01060  
(413) 587 - 1214

**LICENSE FEE: \$75.00**

Date: \_\_\_\_\_

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

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

Mailing Address (If different) \_\_\_\_\_

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

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

Name of Owner (If different) \_\_\_\_\_

If corporation or partnership, give name, title & home address of officers or partners.

Name                      Title                      Home Address

\_\_\_\_\_  
\_\_\_\_\_

LIST DISPOSAL SITES TO BE USED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby applies for a Permit to REMOVE, TRANSPORT, AND DISPOSE of SEPTAGE or OTHER OFFENSIVE SUBSTANCES in the City of NORTHAMPTON in accordance with Chapter 111, Section 31A of the Massachusetts General Laws as amended, and subject to the Rules and Regulations of the Northampton Board of Health.

\_\_\_\_\_  
Signature of Owner or Corporate Officer

\_\_\_\_\_  
Social Security or Federal ID #

\_\_\_\_\_  
Telephone #

**PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON**