

TOWN OF EASTON



BOARD OF HEALTH

136 ELM STREET  
NORTH EASTON, MA 02356-0129  
Tel. (508) 230-0620

**APPLICATION FOR PERMIT TO OPERATE DUMPSTER SERVICE**

Pursuant to Section 31A, Chapter 111 of the General Laws and  
Rules and regulations of the Easton Board of Health

*Application is hereby made for a permit to operate a **DUMPSTER SERVICE** in the Town of Easton in accordance with Section 31A, Chapter 111 of the General Laws of the Commonwealth of Massachusetts and the Rules and Regulations of the Easton Board of Health.*

DATE \_\_\_\_\_

Check whether the applicant is: ( ) Individual ( ) Corporation ( ) Partnership ( ) Other

Print Complete Name of Organization: \_\_\_\_\_

Address of Main Office: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Names of Partners or Officers of Organization:

Name	Title	Address	Telephone

Name	Title	Address	Telephone

\_\_\_\_\_  
Signature of Applicant or Officer

\_\_\_\_\_  
Address

All permits expire at the end of the calendar year.

Please list the names and addresses of **dumpster locations only**, residential or commercial, that are serviced by you in Easton on the attached form or submit a print out. Please return this application and form with the fee of \$150.00, payable to the Town of Easton

**PER BOARD OF HEALTH DUMPSTER REGULATIONS: THE EMPTYING OF THE DUMPSTER CONTENTS BY THE CONTRACTOR SHALL NOT COMMENCE BEFORE 7:00 A.M. AND NOT CONTINUE AFTER 11:00 P.M.**

*Please List Make, Year, Model and the Vehicle Registration Number for Trucks:*

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*OFFICE USE ONLY*

*COMMENTS*

\_\_\_\_\_ *Fee*  
\_\_\_\_\_ *W.C. Affidavit*  
\_\_\_\_\_ *W.C. Dec. Page*

*Office Initials – Appl. Complete* \_\_\_\_\_