



Town of Franklin

HEALTH DEPARTMENT
355 East Central Street
Franklin, Massachusetts 02038-1352
p. 508-520-4905 f. 508-520-4989

NEW: Y or N
RENEWAL: Y or N
CALENDAR YEAR: _____
FEE AMOUNT: \$65.00

APPLICATION FOR DISPOSAL OF GARBAGE OFFAL

Chapter III, Section 31A, of the General Laws

Name of Applicant _____ Telephone _____
Street Address _____
City/Town _____ Zip Code _____

I hereby make application to the Franklin Board of Health for the Removal of, and Transport of, within the limits of the Town of Franklin.

GARBAGE	RUBBISH	MANURE OTHER

EQUIPMENT:

Type of truck _____
Capacity _____ Gallons _____ Yards _____
Inspected by Board of Health Y or N Inspection date: _____

DISPOSAL AREA:

Private: _____

Has the site been approved by Local Authorities? Y or N

Name of town and location: _____

State what: _____ Rubbish; _____ Other _____

Town owned: _____

Has permission been approved by local authorities? _____

Name of town and location: _____

State what: _____ Rubbish; _____ Other _____

Rubbish – Estimate tons or yards per year _____

Other – Estimate _____

Date: _____ Signature of Applicant _____

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory if applicable)

** Social Security Number (Voluntary) or Federal Identification Number

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

**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 license suspension or revocation. This request is made under the Authority of Massachusetts General Law C. 62C s. 49A.