



# 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: \$50.00

PERMIT # \_\_\_\_\_

### APPLICATION FOR INFECTIOUS WASTE TRANSPORTER

NAME OF  
FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_

NAME OF MANAGER /  
OWNER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

STREET  
ADDRESS \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_

Please enclose the appropriate licensing fee of \$50.00

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APPLICANT'S SIGNATURE

DATE