



City of Quincy, Massachusetts

THOMAS P. KOCH, MAYOR

DEPARTMENT OF HEALTH

440 East Squantum Street
Quincy, MA 02171

Telephone: (617) 376-1270
Fax: (617) 376-1271

ANDREW SCHEELE
COMMISSIONER OF PUBLIC HEALTH

Application for a Permit for Removal or Transport of Garbage, Offal, Other Offensive Substances and Infectious Waste in the City of Quincy

New Application

Renewal

Complete and return this form (two sides) with the appropriate permit fee (made out to: *City of Quincy*) to:

Quincy Health Department
440 East Squantum Street
Quincy, MA 02171

Upon review of the application and receipt of the permit fee, a permit will be issued by the Quincy Health Department which will be valid for one year. Annual renewal (December of each year) of your permit must be accompanied by a completed application.

1. Type(s) of Waste Product(s) for which a permit is sought (check as many as apply):

Garbage (Food Waste)
Fee: \$100.00/year

Rubbish/Refuse
Fee: \$100.00/year

Infectious Waste
Fee: \$150.00/year

**Cesspool/Septic Tank/Grease Trap/Portable
Sanitation Unit Contents**
Fee: \$100.00/year

2. Company Name (Removal/Transport/Disposal): _____

3. Business Address: _____

4. Name of Owner: _____

Telephone: Work: _____ **Emergency:** _____

5. Name of Manager: _____

(If different than owner)

Telephone: Work: _____ **Emergency:** _____

6. Number of Trucks: _____

7. Clients Serviced: Please provide the following information for each **Individual, Company, Industry, Municipality, Hospital, Agency, etc.**, for which you provide services in the City of Quincy. This information is for Health Department use only; all listings will be held in confidence. Attach additional sheets if necessary to list all clients serviced:

Name and Address of Client: _____ _____ _____
Client Contact Person: _____ (Name, Title, Phone)
Number of visits per month: _____ Type of waste removed and/or transported: _____
Disposal Facility (check one): <input type="checkbox"/> Landfill; <input type="checkbox"/> Incinerator; <input type="checkbox"/> Transfer Station; <input type="checkbox"/> Other _____ (Specify)
Disposal Facility Location: _____ (Name, Address, City, State, Zip)
Name and Address of Client: _____ _____ _____
Client Contact Person: _____ (Name, Title, Phone)
Number of visits per month: _____ Type of waste removed and/or transported: _____
Disposal Facility (check one): <input type="checkbox"/> Landfill; <input type="checkbox"/> Incinerator; <input type="checkbox"/> Transfer Station; <input type="checkbox"/> Other _____ (Specify)
Disposal Facility Location: _____ (Name, Address, City, State, Zip)
Name and Address of Client: _____ _____ _____
Client Contact Person: _____ (Name, Title, Phone)
Number of visits per month: _____ Type of waste removed and/or transported: _____
Disposal Facility (check one): <input type="checkbox"/> Landfill; <input type="checkbox"/> Incinerator; <input type="checkbox"/> Transfer Station; <input type="checkbox"/> Other _____ (Specify)
Disposal Facility Location: _____ (Name, Address, City, State, Zip)

I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way.

_____ Date
 _____ Signature
 _____ Name and Title (Print)

Office Use Only: <input type="checkbox"/> Approved Effective Date: _____ License #: _____ Fee Paid: _____
<input type="checkbox"/> Disapproved, Comment: _____