



TOWN OF WESTON

Board of Health Tel: 781-786-5030
11 Town House Road Fax: 781-786-5039
P.O. Box 378
Weston, MA 02493

Fee: \$ 250.00 + \$55.00 per truck Check # _____ Cash () Permit # PUM- _____ - _____
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APPLICATION FOR LICENSE TO TRANSPORT SEPTAGE

New Application _____ Renewal Application _____ Fee: \$250.00 company

Name of Applicant _____ Date _____

Name of Company _____

Address of Company _____

Name of Corporate Officer (if different from applicant) _____

Office Phone _____ Contact email _____

Truck(s) Make and Model _____

Disposal Site for Septage _____

This is an application for the purpose of obtaining a license to transport septage in or through the town of Weston. Trucks must be in good working order. All applicants must provide current certificate of liability and workers' compensation insurance.

NEW APPLICANTS: Must submit three letters of reference with the application form. In addition, copies of any solid waste licenses issued by other Towns will support your application.

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

(Signature)

(FID # or SSN)

Board of Health: Approved _____ Denied _____ Initial _____