

## Removal or transport of Garbage, Offal, or Other Offensive Substance Permit Application FOR MELROSE BOARD OF HEALTH USE ONLY

MAKE CHECKS PAYABLE TO CITY OF MELROSE (\$150.00 fee)

Permit is valid Jan 1-Dec 31, all applications need to be submitted with payment by Dec 31st.

1) Establishment Name:				
2) Establishment Address:				
3) Establishment Mailing Address (if different):				
4) Establishment Telephone No:		5) Establishment Fax No:		
6) E mail (all correspondence will be via email, you are required to provide an email address):				
7) Owner Name & Title:				
8) Owner Home Address:				
9) Owner Telephone No:	10) 24 Hour Emergency No:			
11) Establishment Owned By:	Association Corporation	Individual	Partnership	Other, specify:
12) If a corporation or partnership, give name, title, and home address of officers or partner.				
<u>Name</u>	<u>Title</u>		Home Address	
13) State of incorporation:				
14) Name & address of local agent:				
15) Emergency Telephone No:				
16) I received a copy of the Melrose Dumpster & Noise Ordinances and agree to abide by the terms and conditions set forth.				
Signature:	/Print Name		Date	e:
17) Pursuant to M.G.L. Ch 62C, sec 49A, 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 taxes required under the law.				
Social Security Number or Federal Identification Number:				
Signature of Individual or Corporate Name:				
By Corporate Officer (if applicable)	):			