



*Town of East Brookfield,  
Massachusetts*

**BOARD OF HEALTH**

**122 Connie Mack Drive**

**East Brookfield, Massachusetts 01515**

**SOLID WASTE HAULER PERMIT APPLICATION  
TOWN OF EAST BROOKFIELD  
CALENDAR YEAR 2024**

**SOLID WASTE HAULER ANNUAL FEE: \$185.00**

PERMIT NUMBER \_\_\_\_\_ CHECK # \_\_\_\_\_

HAULER NAME AND/OR DBA: \_\_\_\_\_

HAULER BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF BUSINESS IS INDIVIDUALLY OWNED, LIST THE NAME AND ADDRESS OF BUSINESS OWNER:

\_\_\_\_\_

\_\_\_\_\_

IF BUSINESS IS A CORPORATION OR PARTNERSHIP, LIST THE NAMES AND ADDRESSES OF  
OFFICERS (ATTACH AS NEEDED ON A SEPARATE PAGE): \_\_\_\_\_

\_\_\_\_\_

BUSINESS STATE OF INCORPORATION: \_\_\_\_\_

HAULER BUSINESS CELL PHONE NUMBER: \_\_\_\_\_

HAULER BUSINESS EMAIL: \_\_\_\_\_

\_\_\_\_\_

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Attach a list of all vehicles to be used to haul in Town, by Make, Model, Year, DPU License

Number, and Registration Number

Solid Waste Hauler Permits must be renewed yearly before January 1<sup>st</sup> of the effective calendar year.

Please complete the following and send to the Board of Health to do business in East Brookfield:

- This signed and completed application with all attachments
- An affidavit of Workers' Compensation Insurance
- A Certificate of Liability Insurance
- **A check in the amount of \$185.00 from the Hauler, made payable to the Town of East Brookfield.**

Upon satisfactory completion and delivery of the above, an Annual permit will be issued and sent to you by mail or email.

My signature certifies that the information provided in this application is true and accurate.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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FOR THE EAST BROOKFIELD BOARD OF HEALTH USE ONLY:

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

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

Permit Expiration Date: \_\_\_\_\_