

**APPLICATION FOR PERMIT FOR OPERATION OF A DUMPSTER SERVICE AND FOR REMOVAL AND TRANSPORTATION OF GARBAGE, RUBBISH, OFFAL, AND OTHER OFFENSIVE SUBSTANCES.**

SHARON BOARD OF HEALTH  
Town Office Building  
90 South Main Street  
Sharon MA 02067

PERMIT FOR THE CALENDAR YEAR 20

Application is hereby made for a permit to operate a dumpster service <sup>1/</sup> and to remove and transport garbage, rubbish, offal or other offensive substances in the Town of Sharon in accordance with the rules and regulations of its Board of Health.

1. Print complete and correct name of applicant.

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2. Applicant is a corporation, partnership, individual. (Strike out non-applicable words.)

3. Address and telephone of applicant's main office.

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4. Address and telephone of applicant's local office IF different from address and telephone number of main office.

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5. Name, title, address and telephone number of each partner, if a partnership, or of each officer, if a corporation.

Name

Title

Address

Telephone Number

Sworn to the date above written under the penalties of perjury.

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Signature of Applicant, Partner or Authorized Officer

<sup>1/</sup>If application is only for a permit to remove and transport, then strike the words "to operate a dumpster service and"  
NOTE: If application is for a license to operate a dumpster service for the purpose of storing, removing, transporting, please list on attached sheet or sheets the location of each residential, commercial, industrial or public building in Sharon in which dumpster service is to be provided and the name, address and telephone number of the owner of the building, sworn to and signed by the applicant.

Return this application with the attached sheets together with appropriate fee to the Board of Health agent. Should you begin to provide dumpster service to additional buildings after this application has been completed, please submit additional sheets containing the same information for each additional building, sworn to and signed by applicant, partner, or authorized official.

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Name of Applicant

SHEET NO. 1

1. \_\_\_\_\_  
Address of building for  
which dumpster service  
will be provided

\_\_\_\_\_  
Name of owner of building for which dumpster service will  
be provided

\_\_\_\_\_  
Address of owner

\_\_\_\_\_  
Telephone number of owner

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2. \_\_\_\_\_  
Address of building for  
which dumpster service  
will be provided

\_\_\_\_\_  
Name of owner of building for which dumpster service will  
be provided

\_\_\_\_\_  
Address of owner

\_\_\_\_\_  
Telephone number of owner

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3. \_\_\_\_\_  
Address of building for  
which dumpster service  
will be provided

\_\_\_\_\_  
Name of owner of building for which dumpster service will  
be provided

\_\_\_\_\_  
Address of owner

\_\_\_\_\_  
Telephone number of owner

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4. \_\_\_\_\_  
Address of building for  
which dumpster service  
will be provided

\_\_\_\_\_  
Name of owner of building for which dumpster service will  
be provided

\_\_\_\_\_  
Address of owner

\_\_\_\_\_  
Telephone number of owner

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