

APPLICATION FOR PERMIT

TO REMOVE, TRANSPORT AND DISPOSE OF GARBAGE, OFFAL
OR OTHER OFFENSIVE SUBSTANCES

The Commonwealth of Massachusetts

TOWN OF SHARON _____

Fee Paid: \$ _____

Date of Application _____

To the Board of Health:

The Undersigned hereby applies for a permit to Remove, Transport and Dispose of Garbage, Offal, and other Offensive Substances in the Town of Sharon in accordance with Chapter 111, Section 31A of the General Laws as amended, and subject to the rules and regulations of the Board of Health.

Signatures----- Home Address-----
of-----
Applicants ----- Business Address-----

Name under which business is operated: _____

Owner's Name: **(PLEASE PRINT)** _____

Name of Corporation: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: -----

The Commonwealth of Massachusetts

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Then personally appeared the above named _____
of _____ and made oath that the foregoing statements by him subscribed are true,
before me,

Notary Public - Justice of Peace

My commission expires _____ 20