

Methuen Health Department
90 Hampshire Street
Methuen, MA 01844
Telephone: 978-983-8655 Fax: 978-983-8988

Fee: \$100.00 (per vehicle)	Expires: 12/31
Late Fee: \$10.00/day	Date Paid:

APPLICATION FOR SEPTAGE HAULER PERMIT

Company's Information:

Facility's Name:	Telephone:		
Address:	City:	State:	Zip Code:

Applicant's Information:

Name:	Telephone:		
Address:	City:	State:	Zip Code:

Equipment Information:

List number and types of equipment:
Gallon capacity:

Vehicle Registration Number(s):

List areas where septage will be accepted from (append customer list):

List all locations where septage will be disposed of (including a copy of the contract or approval for use of this disposal location):

IMPORTANT:

I understand that I shall comply with the Local, State and Federal Regulations and that the issuances of this permit in no way releases the applicant from other Regulatory agency's requirements.

Pursuant to MGL Ch. 62C section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, I have filed all tax returns and paid all local and state taxes required under law.

Social Security Number or Tax Identification Number:	
Signature of Applicant:	Date Signed:

Payment shall accompany this application with a check or money order made payable to the "City of Methuen."