

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

Fee: <b>\$100.00</b>	Expires:
Late Fee: \$10.00/day	Date Paid:

**APPLICATION FOR A MEDICAL WASTE COLLECTION, TRANSPORT, AND DISPOSAL PERMIT**

**COMPANY NAME AND LOCATION:**

Company Name:		Telephone:
Facility's Address:	City:	State and Zip Code:
Mailing Address:		Telephone:
Owner's Name:	City:	State and Zip Code:
Owner's Address: (If corporation use addresses of officers)	City:	State and Zip Code:

**Vehicle Registration Number(s):**

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**Important:**

I understand that I must comply with the Massachusetts General Laws and Board of Health regulations for hauling rubbish in the City of Methuen. The issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or licenses required by any local, state, federal or other regulatory agency.

Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security No. or Tax Identification Number:	Date Signed:
Signature of Individual:	Title of Individual:

**Payment shall accompany this application and please make check or money order payable to The "City of Methuen".**