

Application for Trash Hauler's Permit
Town of Abington

Date _____

Business Name _____

Business Address _____

Mailing Address (if different) _____

Name & Title of Applicant _____

Address of Applicant _____

Phone Number of Applicant _____

Name of Owner (if different from applicant) _____

If corporation or partnership, give name, title & home address of officers or partners.

| <u>Name</u> | <u>Title</u> | <u>Home Address</u> |
|-------------|--------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

State of _____ Name & Address _____
Incorporation _____ of Local Agent _____

Emergency Response Person: Name _____ Home Phone _____

Estimated # of tons of solid waste to be collected per year in Abington _____

Estimated # of tons of recyclables to be collected per year in Abington _____

Number of customers to be service (please attach list) _____

Pursuant to MGL Ch.62C, see 49A, I certify under the 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.

SS# or Federal Identification Number _____

Signature of Individual or
Corporate Name _____

By _____
Corporate Officer (if applicable)