

Commonwealth of Massachusetts City/Town of HOLLAND Application for Septage Hauler Permit Form 5

\$125.00		
Fee	_	
12-31-2015		

Expires (close of year issued)

	ealth or approving	authority for pern	502 (Title 5), the undersigned makes nission to remove and transport low:
Applicant Information:			
Name			
Company Name			
Address			
City/Town		 State	Zip Code
e-mail		Telephone Nu	mber
Number and Types of Equipmen	t and their gallon ca		
Vehicle Registration Number	Туре		Gallonage
Vehicle Registration Number	Туре		Gallonage
Vehicle Registration Number	Туре		Gallonage
Areas from which septage will be	e accepted (append	d customer list):	
List all locations where septage voil of the disposal location):	vill be disposed of ((include a copy o	f the contract or the approval for use
Contification			

Certification

I certify that the information I have provided above is true and accurate. I recognize that it is a
violation of this permit to dispose of septage anywhere other than the identified disposal locations of
others approved by the Board in writing as an amendment to this permit.

Signature of Applicant	Date

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Please return completed application form with the required fee of \$125.00 (check made payable to the Town of Holland) to: Board of Health, 27 Sturbridge Road, Holland, MA 01521. All licenses **expire December 31st** of each year.

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under pains of perjury that, to the best of my knowledge and belief, I have filed all State tax returns and paid all State taxes required by law.

Social Security Number or Federal ID Number	Signature of Applicant		
Date	Corporate Officer (if applicable)		

TOWN OF HOLLAND

27 STURBRIDGE ROAD HOLLAND, MA 01521

(413) 245-7108 x112 FAX: (413) 245-7037 town.holland.ma.us e-mail: boh@townofholland.necoxmail.com

January 13, 2015

TO: ALL Holders of Licenses/ Permits

RE: 2015 Renewal Applications

Please Note that ALL Licenses/Permits expire December 31st of each year. Enclosed is your 2015 renewal application. All applications must be completely filled out and returned with the proper fee to the Board of Health Office.

Please be sure to include your email address on the space provided on the application as next year ALL renewal applications will be sent out electronically.

Thank you for your cooperation in these matters and if you have any questions please feel free to contact the office at anytime.

HOLLAND BOARD OF HEALTH