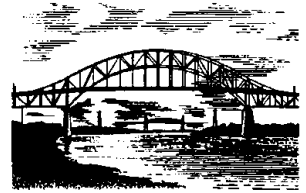


Terri A. Guarino  
Health Agent

**TOWN OF BOURNE  
BOARD OF HEALTH**

24 Perry Avenue  
Buzzards Bay, MA 02532  
[www.townofbourne.com/health](http://www.townofbourne.com/health)  
Phone (508) 759-0600 ext. 1513  
Fax (508) 759-0679



**--RUBBISH HAULER PERMIT APPLICATION -- READ CAREFULLY --**

- Application fee is non-refundable. Cash or check payable to the Town of Bourne required. Permits may not be prorated or transferred.
- Incomplete applications will be returned for corrections/ completion and delay the issuance of a permit. Please print legibly. All blanks **MUST** be filled in and application signed by owner/ operator. Certifications must be attached to this application for it to be deemed complete.
- Please fill out the following information, *making corrections as necessary*, before returning the completed form (with fee) to the Board of Health.

**Please submit a copy of the Certificate of Insurance or proof of Workman's Comp**

**Fee: \$500.00**

Name:		
Company Name:		
Address:		
City/Town:	State:	Zip Code:
Email Address:	Business Phone:	Cell Phone:

Number and Types of Equipment and their gallon capacity: *(use separate sheet if necessary)*

Number:	Type:	Capacity:
Number:	Type:	Capacity:
Number:	Type:	Capacity:

**License fee is \$500 per calendar year. Please make check payable to the Town of Bourne.**

*Office use only*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Issued \_\_\_\_\_ Permit # \_\_\_\_\_

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