

TOWN OF NORWELL

Board of Health

345 Main Street P.O. Box 295
Norwell, Massachusetts 02061

(781) 659-8016
FAX (781) 659-2804

APPLICATION FOR LICENSE

REMOVE, TRANSPORT & DISPOSE OF MEDICAL WASTE

APPLICATION FOR: New () Renewal ()

FEE: \$200.00 per Truck

of Trucks: _____

A Copy Of The Registration For Each Vehicle Is Required Before License Will Be Issued

Name of Business: _____

Address of Business: _____

Phone #: _____ Fax #: _____

Email: _____

Owner of Business: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____

Person to contact regarding Licensing: _____

Phone #: _____ Fax #: _____

Email: _____

In accordance with Massachusetts General Laws, Chapter 233, Section 35, the Commissioner of Revenue requires, as of August 1, 1983, that all cities and towns over 5,000 require the following statement before issuing the above license.

PURSUANT TO M.G.L., Ch. 62C, 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.

Signature of Individual or Corporate Name

By:

Corporate Officer (If applicable)

Drivers License # or Federal I.D.#

Date