

TOWN OF SOUTHBOROUGH
BOARD OF HEALTH
17 COMMON STREET
SOUTHBOROUGH, MA 01772-1662
(508) 485-0710 x 3
(508) 481-3013 x 3
(508) 480-0161 FAX

* FEE \$75
* FOR OFFICE USE ONLY
* DATE RECEIVED _____
* APPROVAL _____
* REASON FOR REJECTION _____
* _____
* DATE PERMIT ISSUED _____
* PERMIT NO. _____
* NEW _____ RENEWAL _____
* *****
* []

APPLICATION FOR SEPTAGE PUMPER/HAULER'S LICENSE

COMPANY NAME _____

COMPANY STREET, CITY, STATE, ZIP CODE

COMPANY TELEPHONE (____) _____

IF CORPORATION OR PARTNERSHIP GIVE NAMES, TITLE, AND HOME ADDRESS OF OFFICERS

1. _____
 2. _____
 3. _____
-

***** IMPORTANT *****

Septage generated in the Town of Southborough is to be disposed of at the Upper Blackstone Pollution Abatement Facility. You will be issued 10 slips with you license; additional slips are available through this office. The slips must be completely filled out. Each tank pumped must have a separate slip. You must not combine slips even when a customer has more than one tank. The charges due to upper Blackstone for the current month's discharge must be submitted to this office by the 6th day of the following month. You should total the septage fees calculated by Upper Blackstone and make payment payable to the Town of Southborough. Payment that is more than 20 days late or less than that calculated by Upper Blackstone Pollution Abatement Facility will be assessed a 10% fee.

DATE _____ AUTHORIZED SIGNATURE _____

COMPANY NAME _____

The following information must be provided for each vehicle either pumping in Southborough or transporting septage through the Town. A copy of your Certificate of insurance" on each vehicle must be provided to this office. All trucks must comply with the requirements of the Upper Blackstone disposal facility.

Truck #1:

Model _____ Year _____ Capacity _____ gallons

Motor Vehicle Registration Number _____

Truck #2:

Model _____ Year _____ Capacity _____ gallons

Motor Vehicle Registration Number _____

Truck #3:

Model _____ Year _____ Capacity _____ gallons

Motor Vehicle Registration Number _____

I hereby declare that the above statements made on this application for a license to haul septage are complete and true and that non-compliance with the above may result in the revocation of my license

Pursuant to MGL Ch. 62C, sec. 439A, 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.

TAXPAYER IDENTIFICATION #

SIGNATURE OF APPLICANT DATE