



APPLICATION FOR PERMIT TO:

OPERATE DUMPSTER SERVICE AND/OR

REMOVAL AND/OR TRANSPORT GARBAGE, ETC.

(PERMIT EXPIRES YEARLY ON DECEMBER 31ST)



- APPLICATION PAGES 1 – 4 COMPLETED (NO BLANK LINES – Put “N/A” if not applicable)
- MASSACHUSETTS REVENUE ENFORCEMENT AND PROTECTION ATTESTATION
- MASSACHUSETTS WORKERS’ COMPENSATION INSURANCE AFFIDAVIT
- COPY OF ACORD CERTIFICATE FOR GENERAL LIABILITY INSURANCE WITH THE MENDON BOARD OF HEALTH LISTED AS THE CERTIFICATE HOLDER
- COPY OF ACORD CERTIFICATE FOR WORKERS’ COMPENSATION INSURANCE WITH THE MENDON BOARD OF HEALTH LISTED AS THE CERTIFICATE HOLDER (If Applicable)
- COPY OF RESIDENTIAL AND/OR COMMERCIAL SERVICE LIST OF CUSTOMERS
- NON-REFUNDABLE CALENDAR YEAR FEE (CHECK MADE PAYABLE TO THE TOWN OF MENDON)



**EMAILED APPLICATIONS
WILL NOT BE ACCEPTED**

**ALL APPLICATIONS MISSING PAYMENT, INFORMATION, DOCUMENTATION, AND/OR EXPIRED CERTIFICATION(S) WILL BE DENIED
AND RETURNED TO THE APPLICANT, RESULTING IN DELAY OF PROCESSING APPLICATION AND ISSUING OF THE PERMIT.**

APPLICATIONS ARE NOT TRANSFERABLE FOR ANY REASON.

**Town of Mendon****Board of Health**

18 Main Street | Mendon, MA 01756

PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

IMPORTANT:Use the **TAB** key to move to the next line – **DO NOT USE** the **ENTER** key.**APPLICATION FOR PERMIT TO OPERATE DUMPSTER SERVICE
AND/OR REMOVAL AND/OR TRANSPORT GARBAGE, ETC.
(PERMITS EXPIRE YEARLY ON DECEMBER 31ST)****FOR CALENDAR YEAR:**

2026	2027	2028
\$125	\$145	\$160

This application is hereby made for a permit to operate a dumpster service and/or the removal or transportation of garbage, rubbish, offal or other offensive substances in the Town of Mendon, in accordance with the General Laws of the Commonwealth of Massachusetts, Chapter 111 Section 31A, 31B, and the Rules and Regulations of the Board of Health.

Company Name

Owner/Applicant Name

Company's Physical Address

City

State Zip

Company's Mailing Address (If Different from Above)

City

State Zip

Office Phone Number

Name of Person Responsible for Daily Operations

Cell Phone Number

Email Address

PLEASE CHECK ALL THAT APPLIES: CURBSIDE COLLECTIONS DUMPSTER SERVICES**PERMIT APPLICATION IS:** NEW RENEWAL

BOARD OF HEALTH OFFICE USE ONLY	Permit # Issued:	DATE RECEIVED
<input type="checkbox"/> APPLICATION PAGES 1 – 4 COMPLETED – NO MISSING INFORMATION <input type="checkbox"/> MASSACHUSETTS REVENUE ENFORCEMENT AND PROTECTION ATTESTATION - RECEIVED <input type="checkbox"/> MASSACHUSETTS WORKERS' COMPENSATION INSURANCE AFFIDAVIT - RECEIVED <input type="checkbox"/> COPY OF ACORD CERTIFICATE FOR GENERAL LIABILITY INSURANCE WITH THE MENDON BOARD OF HEALTH LISTED AS THE CERTIFICATE HOLDER - RECEIVED <input type="checkbox"/> COPY OF ACORD CERTIFICATE FOR WORKERS' COMPENSATION INSURANCE WITH THE MENDON BOARD OF HEALTH LISTED AS THE CERTIFICATE HOLDER (<i>If Applicable</i>) - RECEIVED <input type="checkbox"/> COPY OF RESIDENTIAL AND/OR COMMERCIAL SERVICE LIST OF CUSTOMERS - RECEIVED <input type="checkbox"/> NON-REFUNDABLE CALENDAR YEAR FEE (CHECK MADE PAYABLE TO THE TOWN OF MENDON) – RECEIVED		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		

Signature of Board of Health Member: _____

Date: _____

Signature of Board of Health Member: _____

Date: _____

PLEASE LIST THE NAME AND THE LOCATION OF WHERE THE MATERIAL WILL BE DISPOSED OF:

Dumping Facility

Phone Number

Address _____ **City** _____ **State** _____ **Zip** _____

RESIDENTIAL AND/OR COMMERCIAL SERVICE LIST OF CUSTOMERS

(ATTACH MORE SHEETS IF NECESSARY)

The following are the names and addresses of customers service in the Town of Mendon as of:

_____ , 20_____

NAME OF CUSTOMER	ADDRESS WHERE SERVICES ARE PROVIDED



MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

This request is made under the authority pursuant to Massachusetts General Law Ch. 62C. Section 49A.

I certify under the Penalties of Perjury That I Have Filed All Massachusetts State Tax Returns and Paid ALL Massachusetts State and Town Taxes Required under Law.

Company Name

Company Phone Number

Company's Physical Address

City

State

Zip

Company's Mailing Address (If Different from Above)

City

State

Zip

****Social Security # (Voluntary) or Federal Identification Number**

***Signature of Individual (Mandatory)**

by: Corporate Officer (Mandatory, If Applicable)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.

MASSACHUSETTS GENERAL LAW CHAPTER 111 – SECTION 31A

Permit for removal or transportation of garbage; application; exemptions.

Section 31A. No person shall remove or transport garbage, offal or other offensive substances through the streets of any city or town without first obtaining a permit from the board of health of such city or town; provided, however, that no rules or regulations shall restrict the hours of the day when garbage, offal or other offensive substances may be collected in areas zoned for business, commercial or industrial use. An application for such permit shall be in such form and contain such information, on oath, as such board shall require. All such permits shall expire at the end of the calendar year in which they are issued but may be renewed annually on application as herein provided. No permit shall be transferred except with the approval of the said board.

Notwithstanding the foregoing provisions, any person may, without such a permit, transport garbage, offal or other offensive substances through the streets of a city or town in which said substances were not collected; provided, that he registers with the board of health of such city or town; and, provided further, that he transports said substances in accordance with such reasonable rules and regulations as may be established by such board of health. Motor vehicles owned by the commonwealth or any of its political subdivisions and motor vehicles engaged under contract with the commonwealth in the transportation of garbage or refuse shall be exempt from the provisions of this section; provided, however, that a city or town may recommend to the department of highways, in writing, an alternative route of travel for such motor vehicles whereby the noise or nuisance incident to such travel shall be minimized or abated and said department shall consider such alterations or changes in the travel routes of such motor vehicles as will result in the minimization of such noise or nuisance.

MASSACHUSETTS GENERAL LAW CHAPTER 111 – SECTION 31B

Rules and regulations for removal of garbage; penalty.

Section 31B. Boards of health shall, from time to time, make rules and regulations for the control of the removal, transportation or disposal of garbage, offal or other offensive substances. Whoever violates any provision of section thirty-one A, or of any rule or regulation made thereunder, shall be punished by a fine of not more than one thousand dollars.

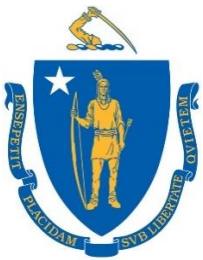
BY SIGNING BELOW AS THE APPLICANT OR AUTHORIZED OFFICER, I HAVE READ AND UNDERSTAND THE TOWN OF MENDON'S [DUMPSTER REGULATIONS](#) AND, I HAVE ALSO READ AND UNDERSTAND THE MASSACHUSETTS GENERAL LAWS AND CODE OF MASSACHUSETTS REGULATIONS PERTAINED HEREIN AND AGREE TO ABIDE BY ALL.

Name of Applicant or Authorized Officer (Please Print)

Signature of Applicant or Authorized Officer

Email Address of Applicant or Authorized Officer

Contact Phone # of Applicant or Authorized Officer



**The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center**

**2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia**

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information – Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Are you and Employer? Check the appropriate box:

1. I am a Employer with _____ employees (full and/or part-time).*
2. I am a Sole Proprietor or Partnership and have no employees working for me in any capacity. [No Workers' Comp Insurance Required]
3. We are a Corporation and its Officers have exercised their right of exemption per c. 152, §1 (4), and we have no employees. [No Workers' Comp Insurance Required]**
4. We are a Non-Profit Organization, staffed by Volunteers, with no Employees. [No Workers' Comp Insurance Req.]

Business Type (Required):

5. Retail
6. Restaurant/Bar/Eating Establishment
7. Office and/or Sales (Incl. Real Estate, Auto, Etc.)
8. Non-Profit
9. Entertainment
10. Manufacturing
11. Health Care
12. Other: _____

* Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

** If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-Ins. Lic. #: _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury, that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License #: _____

Issuing Authority: Board of Health Building Dept. City/Town Clerk Licensing Board

Selectmen's Office Other: _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center 2 Avenue de Lafayette,
Boston, MA 02111-1750
Tel. (857) 321-7406 or 1-877-MASSAFE
Fax (617) 727-7749
www.mass.gov/dia

SAMPLE OF ACORD INSURANCE CERTIFICATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p>	
<p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>	
<p>PRODUCER</p>	<p>CONTACT NAME: PHONE (A/C, No. Ext): <input type="text"/> FAX (A/C, No): <input type="text"/> E-MAIL ADDRESS: <input type="text"/></p>
	<p>INSURER(S) AFFORDING COVERAGE NAIC #</p>
<p>INSURED</p>	<p>INSURER A: <input type="text"/></p>
	<p>INSURER B: <input type="text"/></p>
<p>INSURED</p>	<p>INSURER C: <input type="text"/></p>
	<p>INSURER D: <input type="text"/></p>
<p>INSURED</p>	<p>INSURER E: <input type="text"/></p>
	<p>INSURER F: <input type="text"/></p>

COVERAGE

CERTIFICATE NUMBER:

REVISION NUMBER:

<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>											
<p>INSR LTR</p>	<p>TYPE OF INSURANCE</p>	<p>ADDL INSD SUBR WVD</p>	<p>POLICY NUMBER</p>	<p>POLICY EFF (MM/DD/YYYY)</p>	<p>POLICY EXP (MM/DD/YYYY)</p>						
<p>COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR</p> <p>GEN'L AGGREGATE LIMIT APPLIES PER:</p> <p><input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC</p> <p>OTHER:</p> <p>AUTOMOBILE LIABILITY</p> <p><input type="checkbox"/> ANY AUTO</p> <p><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS</p> <p><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY</p> <p>UMBRELLA LIAB</p> <p><input type="checkbox"/> OCCUR</p> <p>EXCESS LIAB</p> <p><input type="checkbox"/> CLAIMS-MADE</p> <p>DED <input type="checkbox"/> RETENTION \$</p> <p>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</p> <p>Y / N</p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/></p> <p>(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below</p>					<p>EACH OCCURRENCE \$</p> <p>DAMAGE TO RENTED PREMISES (EA occurrence) \$</p> <p>MED EXP (Any one person) \$</p> <p>PERSONAL & ADV INJURY \$</p> <p>GENERAL AGGREGATE \$</p> <p>PRODUCTS - COMP/OP AGG \$</p> <p>OTHER: \$</p> <p>COMBINED SINGLE LIMIT (EA accident) \$</p> <p>BODILY INJURY (Per person) \$</p> <p>BODILY INJURY (Per accident) \$</p> <p>PROPERTY DAMAGE (Per accident) \$</p> <p>OTHER: \$</p> <p>EACH OCCURRENCE \$</p> <p>AGGREGATE \$</p> <p>OTHER: \$</p> <p>PER STATUTE \$</p> <p>OTH-ER \$</p> <p>E.L. EACH ACCIDENT \$</p> <p>E.L. DISEASE - EA EMPLOYEE \$</p> <p>E.L. DISEASE - POLICY LIMIT \$</p>						
						<p>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</p>					

CERTIFICATE HOLDER

CANCELLATION

<p>MENDON BOARD OF HEALTH 18 MAIN STREET MENDON, MA 01756 BOH@MENDONMA.GOV</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
<p>AUTHORIZED REPRESENTATIVE</p>	

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TOWN OF MENDON

BOARD OF HEALTH

18 Main Street
Mendon, MA 01756

Office Phone: (508) 634-2656

Email: BOH@MendonMA.Gov

Website: www.MendonMA.Gov/BOH

REASONS FOR BOH PERMIT DENIAL, SUSPENSION, AND/OR REVOCATION

- A. In accordance with the authority granted by the General Laws of the Commonwealth of Massachusetts, Chapter 111, Section 31 which states "Boards of Health may make reasonable health regulations." The Board of Health of the Town of Mendon is charged with the protection of public health, and it is the responsibility of the Applicant of any Permit issued by the Board of Health to read, understand, and comply with a Board of Health regulation or other local regulations, by-laws, ordinances or rules in relation to the Town of Mendon.
- B. The Board of Health may refuse to issue or renew a permit or may issue a notice to suspend operations conducted under an existing Permit previously issued, by the Board of Health, based on one or more of the following conditions. Each shall constitute full and adequate grounds to deny an Application for all Permits or suspend operations conducted under an existing Permit. The notice of refusal, or notice to suspend operations, shall provide the grounds upon which the notice is based and shall notify the applicant of the right to a hearing. The following shall be grounds for such notice:
 - i. Failure to submit a permit application in accordance with Board of Health procedures.
 - ii. Failure to submit the required fee.
 - iii. Any attempt to impede the work of a duly authorized agent of the Board of Health.
 - iv. Providing false or misleading statements to the Board of Health.
 - v. Operating without an approved permit.
 - vi. Providing false or misleading statements or documents to the Board of Health or keeping any misleading or false records or documents intended to satisfy the requirements of any regulation.
 - vii. The applicant or, if the applicant is a corporation, a corporate officer or the owner of the facility, has been convicted of, plead guilty or no lo contendere to, or has in a judicial proceeding, admitted facts sufficient to find that s/he is guilty of a crime in connection with the operation of the business.
 - viii. The applicant, or if the applicant is a corporation, a corporate officer or the owner of the company has engaged in conduct that has endangered the public health.
 - ix. Failure to pay any federal, state or local taxes as required by law pursuant to MGL c. 62C, § 49A.
 - x. Failure to comply with the requirements issued by the Board of Health.
 - xi. Failure to comply with a Board of Health regulation or other local regulations, by-laws, ordinances or rules in relation to the Town of Mendon.
 - xii. Such other reasons not stated above which pose a risk to the public health and safety.
- C. The Board of Health may issue an order to revoke a Permit or refuse to renew a Permit or terminate one or more particular operations for:
 - i. Serious or repeated violations of any of the requirements of a Board of Health regulation.
 - ii. Failure to comply with an Order of the Board of Health.

Any by-law of the Town of Mendon or any rule or regulation of its officers, boards or departments, the violation of which is subject to a specific penalty, may, in the discretion of the town official who is the appropriate enforcing person, be enforced in the method provided in MGL c. 40, § 21D. The noncriminal fine for such violation, if not otherwise specified, shall be \$50. Each twenty-four-hour period during which a violation exists shall constitute a separate offense, and a separate and additional fine shall be imposed.