



# City of Taunton

## Board of Health

45 School Street

Massachusetts 02780-3212

### Septic and FOG Hauler 20\_\_ Permit Application

BOARD MEMBERS  
DR. BRUCE E. BODNER  
DR. C. NASON BURDEN  
DR. JOSEPH F. NATES

HEATHER L. GALLANT, MPH, RS, CHO  
EXECUTIVE DIRECTOR

ADAM S. VICKSTROM  
ASSISTANT EXECUTIVE DIRECTOR

**Permit Fee: \$100.00 per vehicle for Septic Hauling**

**Each truck used for Hauling FOG is an additional \$100.00 (Please pay FOG Fees on a separate check.)**

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Name of Owner/Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Owner/Contact Person: \_\_\_\_\_

E-mail: \_\_\_\_\_

Do hereby make application for a permit to engage in the business of collecting residential, municipal, and/or commercial septic and FOG in the City of Taunton.

Vehicle #1 Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plate: \_\_\_\_\_  
 SEPTIC  
 FOG Registration Number: \_\_\_\_\_ Capacity/Size: \_\_\_\_\_  
 BOTH

Vehicle #2 Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plate: \_\_\_\_\_  
 SEPTIC  
 FOG Registration Number: \_\_\_\_\_ Capacity/Size: \_\_\_\_\_  
 BOTH

Vehicle #2 Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plate: \_\_\_\_\_  
 SEPTIC  
 FOG Registration Number: \_\_\_\_\_ Capacity/Size: \_\_\_\_\_  
 BOTH

**\*\*\* List additional vehicles on a separate attached sheet \*\*\***

**Additional Information:**

1. Where is your **PRIMARY** Disposal Location? \_\_\_\_\_
2. Where is your **PRIMARY** Disposal Location for FOG? \_\_\_\_\_
3. Do you provide a recycling service to customers? \_\_\_\_\_

The undersigned hereby agrees to comply with all the Laws, Rules, and Regulations of the Commonwealth of Massachusetts (M.G.L. 111, Section 31A) and the Taunton Board of Health governing the removal, transport, and disposal of solid waste and is aware that failure to comply with said laws, rules, and regulations could result in suspension or revocation of permit herewith applied for.

Signature of Owner or Corporate Officer \_\_\_\_\_

Date \_\_\_\_\_  
Telephone (508) 821-1400/821-1401 · fax (508) 821-1405