



Town of Berkley
Massachusetts
Offices of
Board of Health
1 North Main Street
Berkley, MA 02779

OFFICE HOURS:
Monday, Tuesday & Wednesday
9:30 AM to 2:30 PM
Phone: 508-822-7828
Fax: 508-386-2100
[Email: boardofhealth@berkleyma.gov](mailto:boardofhealth@berkleyma.gov)

APPLICATION FOR PERMIT

**To Remove, Transport, and Dispose of Garbage, Offal or Other
Offensive Substances**

Business Name: _____ Business # _____

Address: _____ E-Mail Address: _____

Mailing Address: _____

Owners Name: _____ Owners # _____

License: F.I.D. # (9 digits) ____ - ____ - ____

Number of Trucks to be used: _____ D.P.U. Permit YES ____ NO ____

List of Trucks: (include license #, make & year) _____

Liability Insurance: (copy required)

Other Towns Licensed in _____

To the Board of Health:

The undersigned hereby applies for a permit to remove, transport, and Dispose of Garbage, Offal and other Offensive Substances in the **Town of Berkley** in accordance with Chapter 111, Section 31 A of the General Laws as amended, and subject to the rules and regulations of the Board of Health.

Signature of Individual or Corporate Name: _____

Signature of Corporate Officer if applicable: _____

OFFICE USE ONLY

PERMIT GRANTED _____
Date

PERMIT DENIED _____
Date