



TOWN OF CHARLTON

37 MAIN STREET
CHARLTON, MA. 01507
Tel: 508-248-2210
Fax: 508-248-2375

BOARD OF HEALTH

DATE: _____

APPLICATION FOR TRANSPORTATION OF (Septage Hauler) OFFAL PERMIT

FEES: \$100.00 PER TRUCK

Checks made payable to the Town of Charlton

APPLICATION FEES ARE NON-REFUNDABLE

Name of Company: _____

Company Address: _____

Contact Person: _____

Phone Number: _____

Social Security #: _____

Or

Federal ID#: _____

Please List all Vehicles Operating in Charlton:

TRUCK #	REGISTRATION #
_____	_____
_____	_____
_____	_____
_____	_____

List facility used for Septage Hauler: _____

*Certificate of Liability Insurance must be attached to this application in order to obtain a license.

Signature of Applicant: _____