



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

OFFICE HOURS:
Monday & Wednesday 8 AM to 4 PM
Phone: 508-822-7828 Fax: 508-880-2055
Email: berkleyboh@yahoo.com

Permit #:

Fee:

Date:

APPLICATION FOR PERMIT

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

Business Name: _____

Address: _____

Owners Name: _____

Address: _____

Business Phone: _____ Owners Phone: _____

Licensee: SS# or F.I.D. # (9digits) ____ - ____ - ____, _____

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

Other Towns Licensed in _____

Mailing Address _____

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 _____
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