



TOWN OF
STONEHAM
MASSACHUSETTS

TOWN HALL
35 CENTRAL STREET
STONEHAM, MA 02180
Health Department
Tel 781-279-2621

APPLICATION FOR PERMIT TO TRANSPORT, STORAGE, AND
DISPOSAL OF INFECTIOUS OR PHYSICALLY DANGEROUS OR
BIOLOGICAL WASTE

I hereby make application to the Board of Health for a permit to transport, store, and dispose of infectious or physically dangerous or biological waste in the Town of Stoneham. Permit is granted under the provisions of Massachusetts General Laws Chapter 30 A Section 6 and Chapter 233 Section 75, "105 CMR 480.000 Storage and Disposal of Infectious or Physically Dangerous Medical or Biological Waste: State Sanitary Code Chapter VIII" as amended and subject to the rules and regulations of the Board of Health.

FEES: \$75.00 PER VEHICLE

EXPIRES: December 31

BUSINESS INFORMATION

Name of Business: _____

Business Address: _____

Business Telephone: _____

BUSINESS OWNER INFORMATION

Owner's Name: _____

Owner's Home Address: _____

Owner's Home Telephone No. _____

List number and types of equipment, their gallonage capacity, and date of vehicle inspection:

_____	_____
_____	_____
_____	_____

Please attach a listing of Stoneham clients, their addresses and schedule of pick-ups.

(OVER)

VEHICLE INFORMATION

VEHICLE REGISTRATION INFORMATION:

Vehicle #1 _____ Vehicle #2 _____
Vehicle #3 _____ Vehicle #4 _____

I certify that the information provided above is true and accurate.

Applicant's Signature/Title

Date

Pursuant to Massachusetts General Law, Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security or Federal ID No.

Signature of Individual or Corporate Name

All applications must be completed in full and accompanied by the following:

- **A complete listing of your Stoneham clients including the business name, property address. We cannot process your application without a client list.**

- **Appropriate fee payable to Town of Stoneham.**

Return completed application and check to:

Town of Stoneham,
Board of Health,
35 Central Street,
Stoneham, MA. 02180