



CITY OF FALL RIVER, MASSACHUSETTS

Inspectional Services Division

BOARD OF HEALTH

Permit Application to Transport Night Soil/Leachate

Fee: \$250.00 (per truck)

PERMIT HOLDER:

(Business Name)

(Business Address)

(City/Town)

(Zip)

(Business Telephone)

(Business Fax Number)

Federal Tax ID Number:

Emergency Contact:

Name

Phone Number

Truck Registration Number for this Permit: _____

I hereby apply for a license to transport Nite Soil/Leachate in accordance with the Rules and Regulations of the Board of Health and the provisions of the Massachusetts General Laws.

Owner/Operators Name (Please Print)

Title

Owner/Operator Signature (**Required**)

All permits shall expire December 31st following the date of issue, and may be revoked for cause at any time by the Board of Health. Permits are non-transferable.

*Please remit check/money order to:
City of Fall River
Dept. of Health and Human Services
One Government Center / Room 431
Fall River, MA 02722*

For Office Use Only:

Tax Certification complete Approval to issue license Initials of inspector _____ Date _____