

Please answer the following:

1. Do all non-construction solid waste dumpsters have securable lids? Yes No
2. Is your company's name and telephone number on all dumpsters? Yes No
3. Do you agree to place all residential dumpsters at least 10 feet from the property line and at least 10 feet from the closest dwelling? Yes No

Attestations

(Please read and check off the following and then sign)

- I certify that I have received, read and understand the Board of Health regulations cited above, and to the best of my knowledge and belief, I attest that I have filed all required federal and state tax returns and paid all applicable federal, state and local taxes required under law.
- I understand my dumpsters may be inspected to verify compliance with this regulation and that failure to conform to the requirements of this regulation may result in either a criminal complaint as set forth by M.G.L. c.111 sections 31,31A, 31B and 150A, or by a non-criminal disposition process as provided by M.G.L. c. 40 sec. 21D as well as suspension, modification or revocation of my license to maintain a dumpster.

Applicant's Signature (Owner or Authorized Representative)

Date

Printed name of Applicant

Note: All licenses are for 1 year and run from July 1st through June 30st and are not transferrable

I have included the following with the application:

- Signed Workers' Compensation Insurance Affidavit
- Signed Tax Certification Form from the City Collector
- Certificate of Insurance (showing liability and property coverage)
- Payment of current application fee (\$25/dumpster)

Make check payable to City of Fall River and return your application to: Fall River Board of Health, Room 431, One Government Center, Fall River, MA 02722

For Office Use Only:

Date Received All Documents Received: Yes No Paid in Full: Yes No

Authorized to issue license: Yes No Authorizing Inspector's Signature _____

Date License Issued: