



City of Fall River Application for Solid Waste Hauler

**(as provided for under the Fall River Board of Health
Solid Waste Disposal/Recycling Haulers and
Dumpsters Licensing and Operation Regulation)**

Please check off: New License Renewal

Company Name: _____

Business Address: _____

Mailing Address: (if different): _____

Telephone #: _____ Fax: _____

Email: _____

Federal TIN _____ (Company's Tax Identification Number (TIN) is requested under the authority of MGL c.62C §49A and will be furnished to the MA Dept. of Revenue to determine whether you have met tax filing or tax payment obligations. Applicants who fail to correct their federal, state, or local tax delinquency or non-filing obligations will be subject to license suspension, revocation or non-renewal.

Owner/Contact Person: _____

Telephone #: _____ **Email:** _____

Address: _____

Vehicle Information (Submit information for additional vehicles on a separate sheet)

Year, Make & Model	License Plate	Capacity/Size	Name on Vehicle	Type & Size of compactor	For Office Use Only	
					Lic #	Date

Primary Trash Disposal Location:



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	Make	Model	Year	License Plate	Capacity/Size	Name on Vehicle	Type and size of compactor	For Office Use Only	
								Lic No.	Date
Vehicle 1									
Vehicle 2									
Vehicle 3									
Vehicle 4									
Vehicle 5									

Primary Trash Disposal Location:

Primary Recycling Location:

Listing of Customers Where Solid Waste Pick-ups from "Toters" Occur (Receptacles 96 Gallons or Less) (additional customers may be listed on a separate page)

Customer Address	Residential (R) or Commercial(C)

- | | |
|---|--|
| 1. Are recycling containers provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you give your customers instructions to ensure that refuse, recyclables and yard waste materials are not mixed at the time of collection? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Will you be providing your residential customers with a separate collection for yard waste biweekly? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Will your truck(s) be sufficiently equipped so as to prevent any material from leaking and/or dropping out onto the road? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you have a tarp/cover for your truck(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you reviewed the MA Dept. of Environmental Protection Waste Ban Items? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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