



CITY OF FALL RIVER, MASSACHUSETTS

Inspectional Services Division

BOARD OF HEALTH

Permit Application to Transport Night Soil/Leachate/Industrial Wastewater

Fee: \$250.00 (per truck) Late Application Fee: \$100.00 (per truck)

PERMIT HOLDERS:

(Business Name)

(Business Address)

(City/Town)

(Zip)

(Business Telephone)

(Business Fax)

(Federal Tax ID Number)

(Emergency Contact Name)

(Emergency Contact Phone Number)

(Tank Capacity)

(Truck Registration Number for this Permit)

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

Owner/Operator's Name (Please Print)

Title

Owner/Operator's Signature (**Required**)

Date

Please provide the following with your application:

1. A completed and signed Worker's Compensation Insurance Affidavit
2. Payment of the current application fee, by check or money order, payable to the City of Fall River
3. A completed Tax Certification form

Note: Failure to enclose these completed and signed forms will result in a returned application.

All permits shall expire on 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.

For Office Use Only:

Tax Certification complete

Approval to issue license

Initials of inspector _____

Date _____