



Town of Mendon

Board of Health

18 Main Street | Mendon, MA 01756

PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

PERMIT #: _____

**APPLICATION FOR PERMIT TO OPERATE DUMPSTER SERVICE AND/OR
REMOVAL AND/OR TRANSPORT GARBAGE, ETC.
(PERMITS EXPIRE YEARLY ON DECEMBER 31ST)**

COMPANY NAME

Please attach this page with your completed application (Pages 2, 3, 4 and 5):

IMPORTANT:

When filling out
Forms on the
computer, use
TAB key to move
to next line – **DO
NOT USE** the
ENTER key.



- ☐ Certificate of Insurance for Liability with the **Mendon Board of Health** listed as a Certificate Holder (emailed directly from your insurance company)
- ☐ Certificate of Insurance for Workers' Compensation with the **Mendon Board of Health** listed as a Certificate Holder (emailed directly from your insurance company)
- ☐ Revenue Enforcement And Protection (REAP) Attestation
- ☐ Workers' Compensation Insurance Affidavit: General Business form must be filled out completely
- ☐ Non-Refundable Fee of \$100 (Check made payable to the Town of Mendon)

**** PLEASE NOTE THAT SIGNATURES ARE REQUIRED ON PAGES 2, 4 and 5 ****

BOARD OF HEALTH OFFICE USE ONLY

APPLICATION APPROVED: ☐ YES ☐ NO

NOTES: _____

Signature of Board of Health Member

Date

Signature of Board of Health Member

Date

**Town of Mendon****Board of Health**

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FEE: \$100**APPLICATION FOR PERMIT TO OPERATE
DUMPSTER SERVICE AND/OR REMOVAL
AND/OR TRANSPORT GARBAGE, ETC.
(PERMITS EXPIRE YEARLY ON DECEMBER 31ST)****APPLICATION IS:** ☐ **NEW**
☐ **RENEWAL**

This application is hereby made for a permit to operate a dumpster service and/or the removal or transportation of garbage, rubbish, offal or other offensive substances in the Town of Mendon, in accordance with the General Laws of the Commonwealth of Massachusetts, Chapter 111 Section 31A and the Rules and Regulations of the Board of Health.

Company Name **Check One:** ☐ Individual ☐ Corporation ☐ Partnership
☐ Other: _____

Company's Physical Address City State Zip

Company's Mailing Address (If Different from Above) City State Zip

Company's Phone Number

NAME(S) OF PARTNER(S) OR OFFICER(S) OF ORGANIZATION:

NAME	TITLE	ADDRESS	PHONE

***By signing below as the Applicant or Authorized Officer,
I have read and understood the Town of Mendon's [Dumpster Regulations](#).***

Name of Applicant or Authorized Officer (Please Print)

Signature of Applicant or Authorized Officer

Email Address of Applicant or Authorized Officer

Contact Phone # of Applicant or Authorized Officer

PLEASE LIST THE NAME AND LOCATION OF WHERE THE MATERIAL BE DISPOSED OF:

Dumping Facility Phone Number

Address

RESIDENTIAL AND/OR COMMERCIAL SERVICE LIST OF CUSTOMER(S)

(ATTACH MORE SHEETS IF NECESSARY)

Company Name

The following are the names and addresses of customers service in the Town of Mendon as of:

_____, 20____

NAME OF CUSTOMER	ADDRESS WHERE SERVICES ARE PROVIDED



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information – Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Are you and Employer? Check the appropriate box:

1. ☐ I am a Employer with _____ employees (full and/or part-time).*
2. ☐ I am a Sole Proprietor or Partnership and have no employees working for me in any capacity.
[No Workers' Comp Insurance Required]
3. ☐ We are a Corporation and its Officers have exercised their right of exemption per c. 152, §1 (4), and we have no employees. [No Workers' Comp Insurance Required]**
4. ☐ We are a Non-Profit Organization, staffed by Volunteers, with no Employees. [No Workers' Comp Insurance Req.]

Business Type (Required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (Incl. Real Estate, Auto, Etc.)
8. ☐ Non-Profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other: _____

* Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

** If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ **Date:** _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #:** _____

Issuing Authority: ☐ Board of Health ☐ Building Dept. ☐ City/Town Clerk ☐ Licensing Board
☐ Selectmen's Office ☐ Other: _____

Contact Person: _____ **Phone #:** _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center 2 Avenue de Lafayette,
Boston, MA 02111-1750
Tel. (857) 321-7406 or 1-877-MASSAFE
Fax (617) 727-7749
www.mass.gov/dia



TOWN OF MENDON

BOARD OF HEALTH

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PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

Andy Fiske | Chairman

Alan Greenberg | Vice-Chairman

Tom Fichtner | Member



MASSACHUSETTS GENERAL LAW CHAPTER 111 – SECTION 31A

Permit for removal or transportation of garbage; application; exemptions

Section 31A. No person shall remove or transport garbage, offal or other offensive substances through the streets of any city or town without first obtaining a permit from the board of health of such city or town; provided, however, that no rules or regulations shall restrict the hours of the day when garbage, offal or other offensive substances may be collected in areas zoned for business, commercial or industrial use. An application for such permit shall be in such form and contain such information, on oath, as such board shall require. All such permits shall expire at the end of the calendar year in which they are issued, but may be renewed annually on application as herein provided. No permit shall be transferred except with the approval of the said board.

Notwithstanding the foregoing provisions, any person may, without such a permit, transport garbage, offal or other offensive substances through the streets of a city or town in which said substances were not collected; provided, that he registers with the board of health of such city or town; and, provided further, that he transports said substances in accordance with such reasonable rules and regulations as may be established by such board of health. Motor vehicles owned by the commonwealth or any of its political subdivisions and motor vehicles engaged under contract with the commonwealth in the transportation of garbage or refuse shall be exempt from the provisions of this section; provided, however, that a city or town may recommend to the department of highways, in writing, an alternative route of travel for such motor vehicles whereby the noise or nuisance incident to such travel shall be minimized or abated and said department shall consider such alterations or changes in the travel routes of such motor vehicles as will result in the minimization of such noise or nuisance.

MASSACHUSETTS GENERAL LAW CHAPTER 111 – SECTION 31B

Rules and regulations for removal of garbage; penalty

Section 31B. Boards of health shall, from time to time, make rules and regulations for the control of the removal, transportation or disposal of garbage, offal or other offensive substances. Whoever violates any provision of section thirty-one A, or of any rule or regulation made thereunder, shall be punished by a fine of not more than one thousand dollars.