

City of Medford  
Board of Health  
85 George P. Hassett Dr.  
Medford, MA. 02155

Tel#: (781) 393-2560

Fax: (781) 393-2562

**Application for a Permit to Remove and Transport Trash and/or Septic, Offal, Medical  
Waste and Grease Rendering for Disposal**

Fee: \$250.00 (Payable by Check Only) *City of Medford*

- Include:
- Application
  - Application Fee of \$ 250.00
  - A list of customer account names, addresses with frequency of pickup and dumpster size.  
(This list must accompany the application or no license will be provided)

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Owner, Manager, or Agent responsible for the operation Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

If corporation or partnership, give names, titles and home addresses of officers

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Number of Medford accounts currently \_\_\_\_\_

Do you have the capability to clean and deodorize dumpsters upon pickup?  Yes  No

Are all of the dumpsters used in the City of Medford in good repair, covered, and capable of being locked?  
 Yes  No

Do all of your dumpsters prominently display the current company name and telephone number?  
 Yes  No

TRUCK INFORMATION: Total number of trucks \_\_\_\_\_

*See BACK*

Truck Registration #

State

Capacity in tonnage

|   |       |       |
|---|-------|-------|
| 1 | _____ | _____ |
| 2 | _____ | _____ |
| 3 | _____ | _____ |
| 4 | _____ | _____ |
| 5 | _____ | _____ |
| 6 | _____ | _____ |

List name and address of disposal sites that you will use, attach copy of contract or approval

|   |       |
|---|-------|
| 1 | _____ |
| 2 | _____ |
| 3 | _____ |
| 4 | _____ |

Signature of Owner, Manager, or Agent \_\_\_\_\_

Per MGL Chapter 111, Section 31 A & B and Medford BOH Regulation 5 – Permits may be suspended, revoked, or modified by the Board of Health, its agents, or employees for the failure of the dumpster contractor, owner, tenant, occupant or agent to comply with the conditions and requirements of these regulations. This can include an order to remove the dumpster. Notice will served in writing, sent by certified mail to the last known address of the alleged violator. Upon three days of the written notice, a written request may be submitted to request a hearing before the Board. In the event the Board of Health, its agents or employees deem that the health, safety or welfare of the occupants or residents of the City of Medford is jeopardized and that the an emergency exists, it may order all dumping terminated, and the dumpster removed, pending a BOH hearing.