

TOWN OF NORTH ANDOVER
Office of COMMUNITY DEVELOPMENT AND SERVICES
HEALTH DEPARTMENT
1600 OSGOOD STREET; BUILDING 20; SUITE 2-36
NORTH ANDOVER, MASSACHUSETTS 01845



Susan Y. Sawyer, REHS/RS
Public Health Director

978.688.9540 – Phone
978.688.8476 – FAX

**APPLICATION FOR LICENSE TO REMOVE, TRANSPORT AND
DISPOSE OF OFFAL OR OTHER OFFENSIVE SUBSTANCES**

DATE: _____

The undersigned hereby applies for a license in accordance with the provisions of the statutes relating thereto:

COMPANY NAME:

ADDRESS:

TELEPHONE# OF APPLICANT:

FEDERAL ID# / SOCIAL SECURITY#:

In said Town of North Andover, Massachusetts in conformity with the authority granted to the Board of Health by Chapter III, Section 31A of the Laws of the Commonwealth of Massachusetts relating thereto, and upon such terms and conditions, and to the rules and regulations in regard to the carrying on of the occupation so licensed as adopted by the Board of Health.

TOTAL NUMBER OF TRUCKS: _____

LICENSE NUMBERS: _____

Signature of Applicant

Printed Name

On an attached list, please include the name, address and phone numbers of the disposal sites used.

FEE: \$135.00 per truck **Payable to:** Town of North Andover
LATE FEE AFTER JANUARY 1st WILL BE DOUBLED - \$270.00 per TRUCK