



# TOWN OF DUXBURY

BOARD OF HEALTH  
TOWN OFFICES  
878 TREMONT STREET  
DUXBURY, MASSACHUSETTS 02332-4499

Telephone: (781) 934-1100  
Facsimile: (781) 934-1118

**WASTE DISPOSAL COMPANY/CONTRACTOR PERMIT APPLICATION**  
**PERMIT FEE IS \$243.00 PER YEAR (YEAR ENDS DECEMBER 31<sup>ST</sup>)**

Name of business: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name/Location of DEP approved disposal site: \_\_\_\_\_

Number of residents from which household trash is picked up: \_\_\_\_\_

Number of permanent dumpsters supplied in town: \_\_\_\_\_

A list of names and addresses of all individuals to whom permanent dumpsters are supplied must be attached.

Types of service supplied:

Household Pickup ( )                      Permanent Dumpsters ( )                      Roll-Offs ( )

Please attach a copy of the service agreement for each type of service supplied.

I have read the Duxbury Solid Waste Regulations. I understand their requirements and agree to abide by them. I understand that violation may be a basis for revocation of this permit.

Signature of Applicant: \_\_\_\_\_

Social Security or Federal ID Number: \_\_\_\_\_

Date: \_\_\_\_\_



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, MA 02111**  
**www.mass.gov/dia**

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- |   |   |
|---|---|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|---|

**Type of project (required):**

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other \_\_\_\_\_

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

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

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

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

Failure to secure coverage as required under Section 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 (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**MASSACHUSETTS DEPARTMENT OF REVENUE**

**REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

**I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.**

\_\_\_\_\_  
**\*Signature of Individual or Corporate**

\_\_\_\_\_  
**SS# or Federal I. D. Number**

\_\_\_\_\_  
**By: Corporate Officer (Mandatory, if  
Applicable)**

\_\_\_\_\_  
**Date**

- **This license will not be issued unless this certification clause is signed by the applicant.**
- **Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of M.G.L. Chapter 62C, Section 49A.**