TOWN OF CARLISLE
Office of the Board of Health
66 Westford St. Carlisle MA 01741 (978) 369-0283 boardofhealth@carlislema.gov

Application for Rubbish Haulers Permit 2025

Fee: $200 Paid [ ]

In accordance with MGL Chapter 111, Sections 31A and 31B, all persons collecting trash in the Town of Carlisle shall obtain a permit from the Board of Health. Household rubbish hauling permits shall be valid for the calendar year, expiring on December 31 of each year, renewable annually. Renewal is subject to review and approval by the Board of Health. No permit shall be transferable. Permit holders are subject to upholding all local regulations.

All sections of the application must be completed. Attach the following required documents and fee to your application:

- ☐ Complaint Resolution Procedures
- ☐ Disposal Facilities List if additional space is needed
- ☐ Disposal/Recycling Customer Information List
- ☐ Workers' Compensation Insurance Affidavit (see page 2)
- ☐ Certificate of Liability Insurance
- ☐ $200 fee payable to "Town of Carlisle"

Business Contact Information

Applicant:	
Contact:	
Address:	
Phone:	Email:
Emergency Contact:	Website:

Truck Information

Number of collection trucks to be used in the Town of Carlisle during permit year =

Registration	State	Type/Capacity	Inspection Date

Disposal Facilities Information

Provide location of Solid Waste Disposal Facilities and Recycling Processing Facilities where Solid Waste and Recyclables are expected to be delivered from haulers customers. **Attach a list if there are multiple locations.**

Solid Waste	
Recyclables	

Disposal/Recycling Customer Information

Attach a list of customers using each service and which are using the Carlisle Transfer Station

Customer Address	Solid Waste Only	Recycle Only	Solid Waste and Recycle

I understand that I must comply with the Board of Health regulations for hauling rubbish in the Town of Carlisle and that the issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or licenses required by local, state, federal or other regulatory agency, included but not limited to comply with State-mandated Waste Bans (310 CMR 19.017).

Authorized Signature of Company	Print Name	Title	Date
_____	_____	_____	_____

Issuing Authority		
Permit #:	Date:	Expiration:

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: 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:

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. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ 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.‡
5. ☐ 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.]

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 (check one):
1☐Board of Health 2☐Building Department 3.☐City/Town Clerk 4.☐Electrical Inspector 5☐Plumbing Inspector 6.☐Other _____

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