



Office of  
Board of Health

# *Town of Marshfield*

## Board of Health

870 Moraine Street  
Marshfield, Massachusetts, 02050

Tel: 781-834-5558

Fax: 781-837-6047

FEE \$200.00

Commonwealth of Massachusetts  
Marshfield, Massachusetts

### **Application for Solid Waste Hauler Permit**

In accordance with M.G.L. Ch. 111, S.31A, B and the Marshfield Board of Health Rules and Regulations for Solid Waste, the undersigned makes application to the Board of Health for permission to remove and transport solid waste as set forth below:

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

Owner's Name: \_\_\_\_\_

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

Mailing Address: (if different) \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

List all transport vehicles with make, model, year, type/size of compactor, registration number and company name appearing on vehicle:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

List all drivers employed by applicant, with current driver license numbers and expiration dates:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List all locations where solid waste will be disposed:

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

- Provide customer list (residential, municipal, commercial/industrial) by street address within thirty days of permitting.
- Provide copies of all area Board of Health hauler permits that you hold.
- Provide insurance certificate, per local Board of Health regulation.

I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to dispose of solid waste anywhere other than the identified disposal locations or others approved of by the Board as an amendment to this permit.

I hereby acknowledge that all of the above information is true and that I, as an individual or corporation, do not owe the Town of Marshfield any outstanding property taxes and/or a other assessments.

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street, 7<sup>th</sup> Floor; Boston, Mass. 02111  
Workers' Compensation Insurance Affidavit

**Applicant information:**

Please PRINT legibly

name: \_\_\_\_\_

location: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

☐ I am a homeowner performing all work myself.

☐ I am a sole proprietor and have no one working in any capacity

☐ I am an employer providing workers' compensation for my employees working on this job.

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

☐ I am a sole proprietor, general contractor, or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification. I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Phone # \_\_\_\_\_

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_

☐ check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other

## Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", 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 section 25 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, 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.

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### Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation and supplying company names, address and phone numbers along with a certificate of insurance as all affidavits 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.

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### City or Towns

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. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

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.

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The Department's address, telephone and fax number:

**The Commonwealth Of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
600 Washington Street, 7<sup>th</sup> Floor  
Boston, Ma. 02111  
fax #: (617) 727-7749  
phone #: (617) 727-4900 ext. 406