



# TOWN OF BRIMFIELD

## COMMONWEALTH OF MASSACHUSETTS

### BOARD OF HEALTH

#### APPLICATION FOR LICENSE

The undersigned hereby applies for a license in accordance with the provisions Statutes relating thereto

\_\_\_\_\_  
Name of person, firm, corporation making application

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name and address of DEP approved d

\_\_\_\_\_  
SS Number (Voluntary) or Federal Identification Number

#### **TO: REMOVE, TRANSPORT, AND DISPOSE OF GARBAGE OFFAL OR OTHER OFFENSIVE SUBSTANCES**

In said Town of Brimfield, Massachusetts, in accordance with the rules and reg made under the authority of the M.G.L. Chapter 111, s. 31A and the State Envi Code 310 CMR 15.02 (3) and 15.19.

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