

APPLICATION FOR PERMIT TO DISPOSE OF LEAVES/GRASS

(January 1, 2025 – December 31, 2025)
(\$2400.00 per vehicle)

DATE: _____

NAME OF COMPANY: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (if different) _____

NAME (Title of Applicant) _____

ADDRESS OF APPLICANT _____

NAME OF PRINCIPAL OWNER (if different from Applicant) _____

IF CORPORATION OR PARTNERSHIP, GIVE NAME, TITLE AND ADDRESS OF OFFICERS OR PARTNERS.

NAME

TITLE

HOME ADDRESS

EMERGENCY RESPONSE PERSON _____ BUSINESS PHONE # _____

CELL PHONE # _____

A list of customers served in the Town of Marblehead must accompany the Application. It will be the responsibility of the Company to supply the Board of Health, on a Monthly basis, with deletions, or additions to that list.

Pursuant to M.G.L. Ch 62C, Sec 49A, 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.

All applications will be checked for compliance with Article 17, Town of Marblehead 1994 Annual Town Meeting.

FULL PAYMENT IS DUE WITH APPLICATION

SOCIAL SECURITY # OR FIN

SIGNATURE OF INDIVIDUAL OR CORPORATE NAME

CORPORATE OFFICER (if applicable)

FOR BOARD OF HEALTH USE ONLY

Payment Rec'd (Date)

Sticker #

Reg #

Approved by/Date