PRIVATE TRASH PICK-UP APPLICATION FOR PERMIT

Application fee: \$125.00

Make check payable to: Town of Pembroke

The Commonwealth of Massachusetts Town of Pembroke

Do not write in this space. Permit No.:	Application Date:	Date Permit Issued:	
To the Licensing Authorities:			
In accordance with the provis <i>print clearly</i>)	sions of the Statutes relating there	to, application for a Permit is he	ereby made by (please
Name:	ing application)		
	ing application)		
E-Mail (Required):			
Address:	City/Town (State)		
		(Zip)	
Telephone:to private pick-up of trash i			
to private pick-up of trash	if the Town of Pembroke.		
(Signature of applicant)			
(Address)	Telep	phone	
I, the undersigned, do hereby Agency site.	declare the waste is disposed of a	nt an approved Department of En	nvironmental Protection
(Signature of appl	icant)		
Pembroke, MA 02359. You may n permits will be mailed to the mailin	n form below and return it with this notional or bring this notice to the office to pag address provided. The office is open to 4:30 p.m. and Friday from 8:00 a.m. to f operation.	ay for your license by the date on your from 8:00 a.m. to 6:30 p.m. on Monday	r renewal letter. Approved ys only, and Tuesday
	CERTIFICATION OF	TAX PAYMENT	
	ENALTIES OF PERJURY THAT TAX RETURNS AND PAID AL	•	, ,
Signature of Individual (Ma	andatory)		
Signature of Corporate Off	icer (Mandatory if Applicable)	_	
Social Security Number or	Federal Identification Number		

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 delinquent taxes will be subject to license suspension or revocation. This request is made under the authority of M.G.L. Chapter 62C, Section 49A.