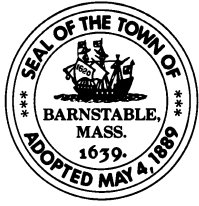


Vehicles Used to Remove, Transport, and Dispose of  
Garbage, Offal, or Other Offensive Substances



**Hauler Application Form - Garbage**  
**TOWN OF BARNSTABLE**  
**Public Health Division**

200 Main Street, Hyannis, MA 02601

Office: 508-862-4644

Fax: 508-790-6304

Business Name:

Date: \_\_\_/\_\_\_/\_\_\_

Business Telephone:

**GARBAGE**  
(Type of Hauler)

Business Address:

Owner's Name:

Where Are the Vehicles Stored:

Total #  
of Vehicles:

<b>VEHICLE 1</b>	Vehicle ID#:
Vehicle License Plate #:	
Make & Model of This Vehicle:	Capacity:
Valid MV Registration in Vehicle or on Driver?	_____ Yes                  No

<b>VEHICLE 2</b>	Vehicle ID#:
Vehicle License Plate #:	
Make & Model of This Vehicle:	Capacity:
Valid MV Registration in Vehicle or on Driver?	_____ Yes                  No

Signature of Applicant

Date

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## PUBLIC HEALTH DIVISION

<b>VEHICLE 3</b>	Vehicle ID#:
Vehicle License Plate #:	
Make & Model of This Vehicle:	Capacity:
Valid MV Registration in Vehicle or on Driver?	_____ Yes                  No

<b>VEHICLE 4</b>	Vehicle ID#:
Vehicle License Plate #:	
Make & Model of This Vehicle:	Capacity:
Valid MV Registration in Vehicle or on Driver?	_____ Yes                  No

<b>VEHICLE 5</b>	Vehicle ID#:
Vehicle License Plate #:	
Make & Model of This Vehicle:	Capacity:
Valid MV Registration in Vehicle or on Driver?	_____ Yes                  No

<b>VEHICLE 6</b>	Vehicle ID#:
Vehicle License Plate #:	
Make & Model of This Vehicle:	Capacity:
Valid MV Registration in Vehicle or on Driver?	_____ Yes                  No

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Signature of Applicant

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Date

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Business Name

## Public Health Division

### GARBAGE HAULER DECLARATION

I fully realize that my commercial garbage hauler license is contingent upon my observing all of the Rules and Regulations of the Town of Barnstable and the Commonwealth of Massachusetts.

As a condition of being granted this license to haul rubbish, garbage, and other offal substances, I understand that under MGL C. 111 Section 31A, I must offer recycling services, optional to my customers, at a reasonable rate.

I agree to maintain all dumpsters belonging to me, distributed throughout the town, in good repair with tight fitting covers as a deterrent to rat harborage and rat and fly breeding.

I fully realize that failure to maintain my dumpsters as prescribed could result in the loss of my disposal license.

\_\_\_\_\_  
(Signature)

Witnesses: \_\_\_\_\_

Date: \_\_\_\_\_

Public Health Division

**Town of Barnstable  
200 Main Street  
Hyannis, MA 02601  
(508) 862-4644**

**INSTRUCTIONS FOR GARBAGE HAULER PERMIT**

- ❑ **Complete and return application form to above address.**
- ❑ **Attach a copy of your Workers' Compensation Insurance.**
- ❑ **Attach a signed copy of the Garbage Hauler Declaration.**
- ❑ **Provide evidence of recycling services offered to customers.**
- ❑ **A copy of your current vehicle state registration.**
- ❑ **Remit fee of \$35.00 per truck.**
- ❑ **Make check payable to: Town of Barnstable.**
- ❑ **Annual Permit Renew By December 31st – Late Fee of \$10.00 assessed after December 31<sup>st</sup>.**
- ❑ **Bring truck/s to above address for inspection  
from 8:00 am until 9:15 am or from 3:30 pm until 4:15 pm.  
\*THIS APPLIES TO FIRST TIME PERMIT HOLDERS ONLY.**
- ❑ **With each vehicle, you will receive a sticker.**

***\*TRUCK INSPECTIONS WILL NOT BE REQUIRED FOR RENEWALS THIS YEAR, EXCEPT FOR NEW PERMIT APPLICATION/VEHICLES THAT HAVE NOT BEEN PERMITTED BEFORE.***

***\*\*YOU WILL BE CONTACTED BY THE HEALTH DIVISION WHEN INSPECTIONS NEED TO BE SCHEDULED. INSPECTIONS WILL CONTINUE ON A ROTATIONAL BASIS.***

## MAIL-IN REQUESTS

Please mail the completed application form, along with (1) the completed garbage hauler declaration form, (2) a copy of your Workers' Compensation Insurance Certificate, (3) provide evidence of recycling services offered to customers, and (4) a copy of the current truck(s) state registration to the address below. In addition, please include the required fee amount (see fee at bottom of this page). Make check payable to: Town of Barnstable. Allow five to seven (7) working days for in-house processing. Our mailing address is:

**Town of Barnstable  
Public Health Division  
200 Main Street  
Hyannis, MA 02601**

## FOR FAXED REQUESTS

Our fax number is **(508) 790-6304**. Please fax a completed application form, along with (1) a signed garbage hauler declaration form, (2) a copy of your Workers' Compensation Insurance Certificate and (3) provide evidence of recycling services offered to customers, and (4) a copy of the current vehicle(s) state registration. In addition, you must mail the required fee amount (see fee at bottom of this page). Please make the check payable to: Town of Barnstable. The check and the original signed declaration form must be mailed to the address listed above. Allow up to four days for in-house processing.

**To get a "Hauler – Garbage Permit Application Form", click here.** To be able to access this form, your computer must have Acrobat Reader. Most computers have Acrobat Reader, and it will usually activate itself automatically. If your computer does not have Acrobat Reader, you can download a copy of it by going to the Adobe website.

For further assistance on any item above, call (508) 862-4644

<b>FEES: \$ 35.00 per Truck –Garbage Hauler Permit</b>
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