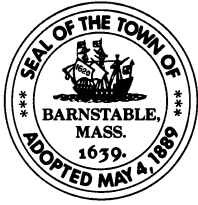


Vehicles Used to Remove, Transport, and Dispose of
Garbage, Offal, or Other Offensive Substances



Hauler Application Form – Septic
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:

SEPTIC
(Type of Hauler)

Business Address:

Owner's Name:

Where Are the Vehicles Stored:

Total #
of Vehicles:

VEHICLE 1	
Vehicle License Plate #:	Vehicle ID#:
Make & Model of This Vehicle:	Capacity:
Valid MV Registration in Vehicle or on Driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VEHICLE 2	
Vehicle License Plate #:	Vehicle ID#:
Make & Model of This Vehicle:	Capacity:
Valid MV Registration in Vehicle or on Driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Applicant

Date

Public Health Division

VEHICLE 3	Vehicle ID#:
Vehicle License Plate #:	
Make & Model of This Vehicle:	Capacity:
Valid MV Registration in Vehicle or on Driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VEHICLE 4	Vehicle ID#:
Vehicle License Plate #:	
Make & Model of This Vehicle:	Capacity:
Valid MV Registration in Vehicle or on Driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VEHICLE 5	Vehicle ID#:
Vehicle License Plate #:	
Make & Model of This Vehicle:	Capacity:
Valid MV Registration in Vehicle or on Driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VEHICLE 6	Vehicle ID#:
Vehicle License Plate #:	
Make & Model of This Vehicle:	Capacity:
Valid MV Registration in Vehicle or on Driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Public Health Division

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

INSTRUCTIONS FOR SEPTIC HAULER PERMIT

- ❑ Complete and return application form to above address.
- ❑ Attach a copy of your Workers' Compensation Insurance.
- ❑ Attach 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 31st.
- ❑ 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 (1) the completed application form, (2) a copy of your Workers' Compensation Insurance Certificate, and (3) a copy of your 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 (1) a completed application form, (2) a copy of your Workers' Compensation Insurance Certificate, and (3) a copy of the current vehicle(s) state registration. In addition, you must mail the required fee amount (see fees at bottom of this page). Please make the check payable to: Town of Barnstable. The check must be mailed to the address listed above. Allow up to four days for in-house processing.

To get a "Hauler – Septic 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

<p>FEES: \$ 35.00 per Truck – Septic Hauler Permit</p>
