



TOWN OF BREWSTER
2198 MAIN STREET
BREWSTER, MA 02631
PHONE: (508) 896-3701 EXT 1120
FAX: (508) 896-4538
BRHEALTH@BREWSTER-MA.GOV

OFFICE OF
HEALTH DEPARTMENT

APPLICATION FOR RUBBISH REMOVAL PERMIT

Application for a permit to engage in the transportation of garbage, offal or other offensive substances. Please sign and return to the Health Department with the fee and the State required Workers Compensation Insurance Affidavit form.

FEE: \$110.00/PER VEHICLE-Rubbish Removal Permit

1. Full name of applicant:_____
2. Business name:_____
3. Mailing address:_____
4. Business address:_____
5. Telephone number:_____
6. Type of business:_____

This permit will expire on December 31, 20

I HEREBY STATE THAT ALL THE ABOVE INFORMATION IS CORRECT AND UNDERSTOOD OR HAS BEEN CORRECTED.

Signature:_____Date:_____

*Please enclose \$110/per vehicle fee. Checks should be made payable to the Town of Brewster

*Workers Compensation Insurance Affidavit signed (State required)

*No permit will be issued without the above items

