

45 Railroad Street  
Lee, MA 01238

## Tri-Town Health Department

Application for Health Department Licences

Towns of Lee, Lenox and Stockbridge

[info@tritownhealth.org](mailto:info@tritownhealth.org)

P. (413) 243-5540

F. (413) 243-5542

### Infectious/Biological Waste Permit Application

Massachusetts General Laws Chapter 111, Sections 31A and 31B

To Remove/Transport Infectious/Biological Waste

Company Name: \_\_\_\_\_

Owner First Name: \_\_\_\_\_

Owner Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Emergency Response Phone: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

Fax: \_\_\_\_\_

#### Fee Schedule Per Town

Type	Select "X"	Fee	Implementation
Lee		\$65.00	1/1/2014
Lenox		\$65.00	1/1/2014
Stockbridge		\$65.00	1/1/2014

Town(s):

Check Number: \_\_\_\_\_

Check Amount: \_\_\_\_\_

**Please make checks Payable to EACH TOWN in which you are applying for license.**

Number of Vehicles: \_\_\_\_\_

Registration Number

Truck Capacity

Most recent Date of Inspection

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Collection Schedule: \_\_\_\_\_

Ultimate Disposal: \_\_\_\_\_

If Corporation or Partnership give name, title and address of officers or partners

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pursuant to MGL ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Applicant Signature: \_\_\_\_\_

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

**Payment is Due with Application. A \$35.00 Late Fee will be Assessed if Application is not Received by 12/31**

*Please mail Application & Fees to the Tri-Town Health Department*

**\*As of May 1st 2015 an e-mail address is required to process every application.**