



**Town of Webster
Health Department**
350 Main Street
Webster, MA. 01570
508-949-3800 ext. 4002
Fax - 508-949-0845

**APPLICATION
DISPOSAL WORKS**

Date: _____

Permit Type: Please Circle

Disposal Works \$ 175.00

Company Name: _____

Business Address: _____

Mailing Address: _____

Name of Applicant: _____

Mailing Address: _____

Emergency Contact Information: _____

Home phone _____ Cell Phone _____

State of Incorporation: _____ SS# or FEIN # _____

Type of Application: New _____ Renew _____

Have you ever obtained a Disposal Works Permit in Webster in the past?

Yes _____ No _____

If No, please provide two written letters of recommendation or copies of two permits issued through additional towns.

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the operation will comply with all town rules and regulations set forth by the Town of Webster.

Applicant Signature _____ Date: _____

DISPOSAL WORKS

DISPOSAL WORKS RENEWAL PERMIT

- Certificate of Liability Insurance
- Worker's Compensation Affidavit Form Completed
- Fee Paid

NEW DISPOSAL WORKS PERMIT

- Certificate of Liability insurance
- Worker's Compensation Affidavit Form Completed
- 2 Letters of Recommendation/ Copies of Permits
- Fee Paid