



Renewal - Septage Hauler's License Application

Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
health@acton-ma.gov

**Form
B-5**

FEE: \$140.00 Per Calendar Year

NAME OF FIRM: _____

ADDRESS: _____

PHONE #: _____

***EMAIL ADDRESS:** _____
(Used Only for Renewals)

NAME & ADDRESS OF FACILITY WHERE THE WASTE IS BEING DISPOSED OF:

PROPRIETOR(S)/CORPORATE OFFICERS/PARTNERS:

Pursuant to Mass. General Law Chapter 62C, Section 49A, I certify under the pains and 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.

Signature of Individual or Corporate Name

By: _____
Corporate Officer (If applicable) Date