



Commercial Hauler's License Application

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

**Form
D**

FEE: \$120.00 Annually

NAME OF FIRM: _____

ADDRESS: _____

CITY/TOWN: _____ STATE _____ ZIP _____

PHONE #: _____

*EMAIL: _____
(Used Only for Renewals)

- **You must adhere to Acton Rules and Regulations – Article 2**

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: _____ Date: _____
Corporate Officer (if applicable)