

ATTACHMENT 2: Permit Application

Town of Weston

Date _____

PERMIT APPLICATION**TO REMOVE, TRANSPORT AND DISPOSE OF
SOLID WASTE OR RECYCLABLES
IN WESTON****Instructions**

All sections of this application must be completed. Incomplete applications will not be considered.

In accordance with MGL Chapter 111, Sections 31 A and 31B and in accordance with the Town of Weston's Rules and Regulations for Removal, Transport, and Disposal of Solid Waste or Recyclables the undersigned makes application to the Board of Health for permission to collect and transport Solid Waste and/or Recyclables as set forth below:

NEW APPLICANTS: Must submit three letters of reference with the application form. In addition, copies of any solid waste licenses issued by other Towns will support your application.

Permit Fee

The application fee is \$250.00 per company and \$55.00 per truck seeking a permit to operate in the Town of Weston.

Please select which type(s) of collection you will be providing (check all that apply):

- Solid Waste and Recyclables
 Recyclables
 Solid Waste Only (Commercial Customers/Generators)

Permit Date

If approved, this permit will be effective from _____ to _____.

Company Information	
Company Name	
Contact Name	
Location Address	
City, State ZIP Code	
E-Mail Address	
Telephone #	
Mailing Address (if different)	
City, State, ZIP Code	
Emergency 24-hour Contact Name	
Emergency 24-hour Telephone #	

Truck Information			
Estimated number of collection trucks to be used in the Town of Weston of during the permit year: _____.			
(Use separate sheet to list additional trucks)			
Truck Registration Number	State	Type and Capacity	Date of Last Inspection
Disposal/ Recycling Information			
List facilities where Solid Waste and/or Recyclables will be delivered for disposal or processing during the permit year. (Note multiple outlets if used during the permit year. Weight slips may be requested to verify end disposal site.)			
Solid Waste Disposal Facility	Address	Material(s) Delivered	
Recyclables Processing Facility/MRF	Address	Material(s) Delivered	

Please check all and make sure all associated attachments are included.
Incomplete applications will not be considered.

- This is a permit renewal: I have attached a copy of the Annual Solid Waste and Recyclables Reporting Form. If this is your first application, write-in Not Applicable (NA).
- I have attached a copy of my certificate of insurance for public liability and property insurance.
- I certify that the company I represent operates in compliance with the Massachusetts Waste Ban regulations and the Mercury Disposal Prohibition.
- I have attached a copy of my marketing materials indicating the types of services offered, reminding Customers that recycling is mandatory, and describing the Massachusetts Waste Ban Materials.
- I confirm that my company is in compliance with the Bundled Service requirement outlined in Section VII of these regulations.
- I have attached a copy of my notification that will go to Customers who set out visible Waste Ban Materials mixed with Solid Waste, including a reminder that recycling is mandatory, describing what was seen that violated the Waste Bans, and providing a phone number for the Board of Health.
- All employees understand and will help educate all Customers about the Massachusetts Waste Bans. I am an authorized official of the company applying for this permit.
- Pursuant to MGL Ch. 62C Section 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.

Signature of Company Official

Printed Name

Title

ATTACHMENT 3: Annual Solid Waste and Recyclables Reporting Form

Town of Weston

Date _____

ANNUAL SOLID WASTE AND RECYCLABLES REPORTING FORM FOR PERMITTED HAULERS OPERATING IN WESTON

Instructions: All sections of this form must be completed and submitted to the Board of Health with your Annual Permit Renewal Application. Private Hauler permits will not be issued until this report is filed.

Reporting Period: For the period starting _____ through _____
MONTH/DATE/YEAR MONTH/DATE/YEAR

Company Information	
Company Name	
Name of Person Completing Form	
Address	
City, State ZIP Code	
Phone	
E-Mail	

In the table below, please provide the average number of Weston Customers you served during this 12-month reporting period, by category type.

Category	Customer Count
Residential Customers: Solid Waste and Recyclables	
Commercial Customers: Solid Waste and Recyclables	
Commercial Customers: Recyclables Only	
Commercial Customers: Solid Waste Only	

Tonnage Data		
Please provide the total tons of Solid Waste and Recyclables collected from Residential Customers within the Town of Weston during this 12-month reporting period. (Note: In the case where your company delivers loads for disposal or recycling that are combined with more than one municipality, you must provide your best estimate of tonnage delivered from the Town of Weston. Weight slips must be provided upon request from the Board of Health.)		
	Solid Waste	Recyclables
Tonnage		
Disposal or Processing Facility		

Please check all and make sure all associated attachments are included. If Not Applicable, enter (NA).
 Incomplete applications will not be considered.

- I have attached names and addresses of Commercial Customers who are provided Solid Waste only collection I have attached names and addresses of Commercial Customers who are provided Recyclables only collection.
- I have been in communication with the Board of Health regarding Customer set-outs not in compliance with the Town/City bylaw/ordinance or regulation.
- I have attached copies of all Waste Ban violation letters or notices received by my company during the prior year that refer to loads collected within the Town of Weston.

Signature of Company Official Printed Name Title Date

ATTACHMENT 4: Recycling Service and Exemption Form for Commercial Generators

RECYCLING SERVICE EXEMPTION FORM FOR COMMERCIAL GENERATORS IN THE TOWN OF WESTON

Recycling is mandatory in the Town of Weston. The Town of Weston regulation is attached here.

All Permitted Haulers must provide both Solid Waste and Recyclables collection to all Commercial Customers unless the Customer can provide proof to the Permitted Hauler that separate Recycling services are provided by another Permitted Hauler, or by one or several of the methods listed below. Commercial Customers that decline recycling collection service from their Permitted Solid Waste Hauler must demonstrate to their Permitted Hauler and the Weston Board of Health that they are diverting Mandatory Recyclables from disposal.

The Weston Board of Health periodically checks recycling compliance throughout the Town of Weston and can offer outreach and assistance. Commercial Customers that do not separate Recyclables from Solid Waste destined for disposal at a landfill or waste combustor are subject to fines. Permitted Haulers that do not offer/provide collection of Recyclables along with Solid Waste pickup are also subject to fines, unless the Town of Weston Board of Health has received this form showing that recycling services were offered.

Please choose one:

- I am a Permitted Hauler/customer service representative submitting this form on behalf of the business/organization listed below. Identify your company name here: _____
- I am a business/organization who has declined recycling service offered by my Solid Waste Hauler.
- I am a Permitted Hauler/customer service representative advising the Weston Board of Health of a business/organization who was offered recycling service, but refused. Identify your company name here: _____

Business, Organization, or Property Manager Seeking Exemption	
Business/Organization Name	
Business/Organization Contact	
Address	
City, State ZIP Code	
Phone	
E-Mail	

Materials Handling Information

Name of Permitted Solid Waste Hauler _____

Please describe the manner in which materials are recycled (check all that apply):

- Option 1 -Ship directly to mill: Identify recycling outlet _____
- Option 2 Self-haul: Identify recycling outlet _____
- Option 3 - Back-haul to parent company
- Option 4 - Recycling Collection by Permitted Recycling Hauler _____

Name of Permitted Recycling Hauler

Signature _____

By signing below, I certify that I have read and understand the Town of Weston Board of Health requirement to comply with Mandatory Recycling as stated in the regulation.

Signature of Company Official Printed Name Title Date