



TOWN OF COHASSET

Board of Health

41 Highland Avenue
Cohasset, Massachusetts 02025



Public Health
Prevent. Promote. Protect.

Board of Health

Margaret S. Chapman, APRN-BC, Chairperson
Elizabeth L. Kirkpatrick, REM, Clerk
Robin M. Lawrence, DDS, MPH

Contact Information

Tel: (781) 383-4116 x. 119
Fax: (781) 383-4111
Email: boh@cohassetma.org

Health Agent

Felix I. Zemel, MCP, MPH, RS, DAAS

Public Health Nurse

Mary Goodwin, RN

PROCEDURES FOR OBTAINING A WASTE HAULER PERMIT

- Complete and Return the attached application form to the Cohasset Board of Health
- Attach a copy of the completed Commonwealth of Massachusetts Department of Industrial Accidents Workers' Compensation Affidavit Form
- Attach a signed copy of the attached Garbage Hauler Declaration
- Provide a copy of documentation of appropriate insurance
- Submit a non-refundable application fee of \$125.00 for a Waste Hauler Permit. Checks must be payable to the TOWN OF COHASSET.

PLEASE NOTE: A Waste Hauler Permit is valid from January 1 – December 31 of the year in which it is issued.



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DATE: _____

PERMIT FEE: \$125.00

In accordance with M.G.L., Chapter 111, Sections 31A and B and the Cohasset Board of Health Dumpster Regulations and for the Removal of Transport of Garbage, Rubbish, Offal and Other Offensive Substances, the undersigned hereby makes application to the Town of Cohasset / Board of Health for permission to haul waste, as set forth below:

APPLICANT: _____

FEDERAL TAX ID # OR SOCIAL SECURITY #: _____

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE #: _____

EMAIL ADDRESS: _____

TYPE OF OPERATION (check all that apply): RESIDENTIAL (HOUSEHOLD RUBBISH/TRASH)
 COMMERCIAL

TOTAL NUMBER OF VEHICLES: _____ FINAL DISPOSAL LOCATION: _____

PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION:

1. A list of all current customers in the Town of Cohasset at the time of application.
2. A signed copy of the attached Waste Hauler Declaration
3. The appropriate permit fee. Checks must be made payable to the TOWN OF COHASSET
4. A completed and signed copy of the Commonwealth of Massachusetts Workers' Compensation Insurance Affidavit
5. A current copy of a Certificate of Insurance for Workers' Compensation and Liability Insurance

By signing below, the applicant hereby affirms that (s)he has received and/or been offered access to, and agrees to abide by the Cohasset Board of Health Dumpster Regulations and for the Removal of Transport of Garbage, Rubbish, Offal and Other Offensive Substances and any other relevant local, state and federal laws.

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

Signature

Printed Name

Date



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WASTE HAULER DECLARATION

I fully realize that my Waste Hauler Permit, if approved, is contingent upon my observing all of the Rules and Regulations of the Town of Cohasset and the Commonwealth of Massachusetts with relation to Hauling Waste.

As a condition of being granted this permit to haul waste in the Town of Cohasset, I understand that I must offer recycling services, at a reasonable rate, to my clients, pursuant to M.G.L. Chapter 111, Section 31A.

I also agree to maintain all dumpsters belonging to my, distributed in the Town of Cohasset, in good repair with tight fitting covers (where applicable), in order to serve as a deterrent for rat harborage and vermin and pest breeding.

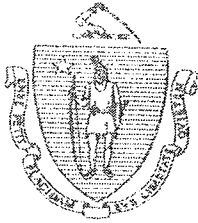
I fully realize that failure to maintain my dumpsters, as proscribed in the Cohasset Board of Health Dumpster Regulations and for the Removal of Transport of Garbage, Rubbish, Offal and Other Offensive Substances, may result in the loss of my Waste Hauler Permit.

Signed under the pains and penalties of perjury:

Signature

Printed Name

Date



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: _____

address: _____

city: _____ state: _____ zip: _____ phone #: _____

work site location (full address): _____

- I am a sole proprietor and have no one working in any capacity. **Business Type:** Retail Restaurant/Bar/Eating Establishment
 Office Sales (including Real Estate, Autos etc.)
 I am an employer with _____ employees (full & part time). Other
 I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

- I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature _____ Date _____

Print name _____ Phone # _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____
(revised Sept. 2003)

Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", an *employee* is defined as every person in the service of another under any contract of hire, express or implied, oral or written.

An *employer* is defined as an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.

MGL chapter 152 section 25 also states that **every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.** Additionally, neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority.

Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation. Please supply company name, address and phone numbers along with a certificate of insurance as all affidavits may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the "law" or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below.

City or Towns

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

**The Commonwealth Of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Ma. 02111
fax #: (617) 727-7749
phone #: (617) 727-4900 ext. 406**