



TOWN OF MEDWAY
Board of Health
155 Village Street
Medway, Massachusetts 02053
508.533.3206



Septage Hauler Permit Application

*Cost of application is \$75.00 per truck, which can be paid via cash in-office or checks payable to "Town of Medway."

*All permits expire on December 31st of the same year issued. Without items attached located on checklist, your application will not be processed.

In accordance with M. G. L. c. 111, Section 31B, and 310 CMR 15.502 (title5), the undersigned submits application to the Medway Board of Health for permission to transport and remove septage and the content of privies and cesspools as set forth below:

Applicant

Name: _____

Business Name: _____

Address: _____

Mailing Address (if different): _____

Contact Number: _____ Email: _____

List number, type of equipment and gallon capacity:

Number	Type of Equipment	Gallon Capacity
1.		
2.		
3.		

List areas where septage will be accepted and append customer list:

1.
2.
3.

List all locations where septage will be disposed of (Please include a copy of the contract or approval for use of disposal location.)

1.
2.
3.

Your Checklist – without items attached / completed below, your application will NOT be processed

Workman's Compensation Affidavit (<i>we have attached for you</i>)	
Certificate of Insurance with Town of Medway listed as Certificate Holder	
Tax Certification Form (<i>we have attached for you</i>)	
Check made out to "Town of Medway" with fees as indicated.	
Copy of vehicle registration	

I certify that the information I have provided is true and accurate. I recognize that it is a violation of this permit to dispose of Septage anywhere other than the identified disposal locations or others approved of the Board in writing as an amendment to this permit

Applicant Signature: _____ Date: _____



CERTIFICATE OF COMPLIANCE WITH MASSACHUSETTS TAX LAWS



Pursuant to Massachusetts General Law Chapter 62 C, Section 49A, the undersigned acting on behalf of the Contractor*, certify under penalties of perjury that to the best of knowledge and belief, the Contractor* is in compliance with all the laws of the Commonwealth relating to taxes, reporting of employee and contractors, and withholding and remitting child support.

Individual

Signature

Date

Name (please print or type)

Social Security Number

Corporate

Corporate Name (please print or type)

Signature of Corporate Officer

Date

Name of Corporate Officer (please print or type)

Title

Taxpayer Identification Number

* As used in this certification, the word "Contractor shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity or group of individuals.



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Are you an employer? Check the appropriate box:		Business Type (required):	
<input type="checkbox"/>	1. I am an employer with ____ employees (FT and/or PT.)*	<input type="checkbox"/>	Retail
<input type="checkbox"/>	2. I am a sole proprietor or partnership and have no employees working for me in any capacity.	<input type="checkbox"/>	Restaurant/Bar/Eating Establishment
<input type="checkbox"/>	3. We are a corporation and its officers have exercised their right of exemption per c.152, §1(4), and we have no employees (no workers' comp. insurance required.)**	<input type="checkbox"/>	Office and/or Sales (including real estate, auto, etc.)
<input type="checkbox"/>	4. We are a non-profit organization, staffed by volunteers, with no employees (no workers' comp. insurance required.)**	<input type="checkbox"/>	Non-Profit
		<input type="checkbox"/>	Entertainment
		<input type="checkbox"/>	Manufacturing
		<input type="checkbox"/>	Healthcare
		<input type="checkbox"/>	Other (please specify): _____

* Any applicant that checks box # 1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box # 1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-Ins. Lic. #: _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date.)

Failure to secure coverage as required under Section 25A of MGL c.152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine up to \$250.00 a day against the violator. Be advised that the copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

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

Signature: _____ Date: _____

Phone #: _____

Official Use Only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License #: _____

Issuing Authority (circle one):

Board of Health

Building Department

City/Town Clerk

Licensing Board

Selectmen's Office

Other: _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Law's chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, 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 142, §25C(6) 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, MGL chapter 152, §25C(7) states "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 out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address, and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does not have employees, a policy is required. Be advised that this affidavit 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. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

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./ In addition, the applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary.) A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. When a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves, etc.) said person is NOT required to complete this affidavit.

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
Boston, MA 02111
Tel # 601.727.4900 ext. 406 or 1.877.MASSAFE
Fax # 617.727.7749
www.mass.gov/dia