



## TOWN OF MEDWAY

Board of Health  
155 Village Street  
Medway, Massachusetts 02053  
508.533.3206

### Solid Waste Hauler Permit Application

#### FOR OFFICE USE ONLY

Permit No: \_\_\_\_\_  
Check No: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Date Rec'd: \_\_\_\_\_

Application is \$100.00 per truck, which can be paid via cash in-office or checks payable to "Town of Medway".

All permits expire on December 31<sup>st</sup> of the same year issued.

Without items attached located on checklist, your application will not be processed.

All residential and commercial permit holders must provide tonnage of solid waste picked up collected in Medway each month, and tonnage of each category of recyclable materials by month on the following dates: April 16<sup>th</sup>, 2019, July 16<sup>th</sup>, 2019, October 16<sup>th</sup>, 2019, and January 16<sup>th</sup>, 2020.

No permit shall be issued without an approved recycling plan (this applies to both commercial and residential haulers)

*In accordance with M. G. L. c. 111, Section 3 1A & B, and the Medway Board of Health Regulations, the undersigned submits application to the Medway Board of Health for permission to transport and remove solid waste and recycling as set forth below:*

Business Name: \_\_\_\_\_

Business Owner: \_\_\_\_\_

\_\_\_\_ Sole Proprietor      \_\_\_\_ Partnership      \_\_\_\_ Trust      \_\_\_\_ Corporation

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### **If corporation or partnership, please release names, titles and addresses of officers**

Name	Title	Address
1.		
2.		
3.		

#### **Truck Information**

Truck Registration Number	State	Capacity in Tonnage
1.		
2.		
3.		

#### **List Name and Address of Disposal sites you will use**

1.
2.
3.

Pursuant to M. G. L. Chapter 62, section 49A, I certify under penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.

Social Security Number / Tax ID: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Signature of Individual: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Signature of Corporate Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Recycling Plan Requirements

The Town of Medway Board of Health has a regulation that requires that trash haulers must provide all clients recycling. To encourage full compliance with this legal requirement, the board of Health requires that an acceptable Recycling Plan be submitted as a condition of receipt of a permit to remove, transport and dispose of refuse.

The applicator must demonstrate a plan for recycling glass, paper, plastics (1 thru 7), tin, aluminum cans, and other recyclable materials. The plan must indicate:

1. Where each type of material will be taken (i.e., cardboard paper, mixed office paper, etc...) several alternative market locations may be given.
2. How the recyclable materials will be separated from solid waste (i.e., roll-off containers will be provided and a separate pick-up provided, separate small containers for recyclables will be provided and collected separately, waste will be sorted at (name of facility) and then recycled.) Incineration is not acceptable as a destination for recyclable material.
3. All permit holders must provide the following data to the Board of Health quarterly as follows: April 16<sup>th</sup>, 2019, July 16<sup>th</sup>, 2019, October 16<sup>th</sup>, 2019, January 16<sup>th</sup>, 2020:
  - a. Tonnage of solid waste picked up collected in Medway each month;
  - b. Tonnage of each category of recyclable materials by month.
4. Remedy of violations by customer:
  - a. The hauler should make every effort to remedy violations of the waste ban regulations directly with their customers (i.e., cases in which the customer disposes waste-banned materials or their trash contaminates their recyclables.) For the purpose of this initial phase, the Town of Medway will provide a letter to the hauler for use with their customers.
  - b. Should these efforts fail, then the hauler should provide the name and address of the customer to (name and contact information for municipal representative, including, fax number and email address) so that the Town of Medway may carry out appropriate outreach and education efforts. Such notification should be provided in a timely manner.

**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	
Vehicle Insurance	
Recycling plan	
Contractual Agreement with each disposal site listed above	
Customer List, including Name, address, and type of pick up	



*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."

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## **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.

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## **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.

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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](http://www.mass.gov/dia)**



## 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**

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Signature

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Date

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Name (please print or type)

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Social Security Number

### **Corporate**

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Corporate Name (please print or type)

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Signature of Corporate Officer

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Date

---

Name of Corporate Officer (please print or type)

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Title

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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.