

License Plate # \_\_\_\_\_

Date Inspected \_\_\_\_\_

Fee Paid \_\_\_\_\_

Receipt # \_\_\_\_\_

**The Commonwealth of Massachusetts**

**Town of Hingham Board of Health**

**APPLICATION FOR PERMIT**

Permit # \_\_\_\_\_ -13RTD

To The Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto,  
application for a Permit is hereby made by:

Name of Individual \_\_\_\_\_

Name of Company \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_

**TO REMOVE, TRANSPORT AND DISPOSE OF  
GARBAGE, OFFAL OR OTHER OFFENSIVE  
SUBSTANCES \*\***

\*\*1 Application per Vehicle

\*\*Copy of Registration Required

\*\*Vehicle Inspection by Board of Health Agent required

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date