

TOWN OF RANDOLPH BOARD OF HEALTH  
ONE TURNER LANE, RANDOLPH, MA 02368

Annual FEE: \$200.00  
ANNUAL PERMIT

Date \_\_\_\_\_  
Expires December 31<sup>st</sup>

In accordance with the provisions of the Regulation promulgated under the authority granted to the Board of Health by Chapter III, Section 31A of the General Laws, and amendments, application for Registration is hereby made by:

*(Print or type)*

FIRM NAME \_\_\_\_\_

FIRM ADDRESS \_\_\_\_\_  
Street City or Town Zip Code

*(check one)*

Type of Business: \_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE OWNER

Date of Application \_\_\_\_\_ City or Town where filed \_\_\_\_\_

Name of Corporate Officers: (to be signed by each)

**PRESIDENT**

\_\_\_\_\_  
Name Address Tel. No.

**TREASURER**

\_\_\_\_\_  
Name Address Tel. No.

**CLERK:**

\_\_\_\_\_  
Name Address Tel. No.

Name of Partners: (to be signed by each)

\_\_\_\_\_  
Name Address Tel. No.

\_\_\_\_\_  
Name Address Tel. No.

Name of Sole Owner: (to be signed)

\_\_\_\_\_  
Name Address Tel. No.

Persons Preparing Application \_\_\_\_\_ Title \_\_\_\_\_

LIST PRESENT LOCATIONS OF ALL DUMPSTERS IN THE TOWN OF RANDOLPH:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_
7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_
10. \_\_\_\_\_ 11. \_\_\_\_\_ 12. \_\_\_\_\_

(USE REVERSE SIDE IF MORE ROOM IS REQUIRED)

**NOTE: ALL DUMPSTERS MUST BE CLEARLY MARKED WITH THE NAME AND TELEPHONE NUMBER OF THE COMPANY. ANY DUMPSER DECLARED UNSAFE BY THE FEDERAL CONSUMER PRODUCT SAFETY COMMISSION SHALL NOT BE USED IN THE TOWN OF RANDOLPH**