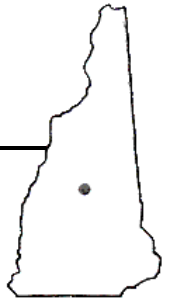




TOWN OF NORTHFIELD



21 Summer Street, Northfield, New Hampshire 03276
Tel. 603-286-7039 Fax 603-286-3328
www.northfieldnh.org

SOLID WASTE HAULERS APPLICATION/LICENSE FORM

Company Name: _____

Address: _____

Mailing Address (if different from above): _____

Telephone: _____ Fax: _____ Email: _____

Contact Person: _____

NH Rubbish License # _____

Equipment Inventory (Attach additional sheets if more than one vehicle is used):

License Plate # _____ VIN # _____

Make/Model: _____ Year: _____ GVW: _____

Copy of Insurance Certificate (Circle): Attached To Be Mailed

Customer List (List all customers, one customer per line. Attach additional sheets if more than one customer):

Company Name: _____ Address: _____

Solid Waste Facility Destination: _____

License Period: _____

I hereby agree to abide by the rules and regulations of the Town of Northfield for the collection and delivery of acceptable solid waste. Any violation of Northfield's rules and regulations may result in a fine, suspension or revocation of this license.

Signature of Applicant: _____ Printed Name: _____

Title: _____ Date: _____

FOR TOWN USE

The Selectboard will review your application materials only if all requested information has been provided, including all requested attachments, a copy of your insurance certificate has been received, and your application and license fees have been paid. If your application is denied the license fee will be returned to you.

Application Fee: \$25.00 Date Paid: _____ Check # _____

License Fee: \$175.00 Date Paid: _____ Check # _____

Approved: _____ Disapproved: _____

Date