



**North Andover Health Department**  
Community and Economic Development Division

In the Town of North Andover, Massachusetts in conformity with the authority granted to the Board of Health by Chapter III, §§ 31 and 31A of the Laws of the Commonwealth of Massachusetts, relating thereto, and upon such terms and conditions, and to the rules and regulations in regard to the operation of the occupation so licensed as adopted by the Board of Health on September 28, 2000.

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**TOWN OF NORTH ANDOVER**  
**APPLICATION FOR APPROVAL TO REMOVE, TRANSPORT SOLID WASTE**

**DATE:** \_\_\_\_\_

The undersigned hereby applies for a: Permit  and/or Placard   
in accordance with the provisions of the statutes and regulations relating thereto:

**APPLICANT (Individual Name):** \_\_\_\_\_

**NAME OF COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE OF COMPANY:** \_\_\_\_\_

**FEDERAL ID#:** \_\_\_\_\_

**SOCIAL SECURITY# or LICENSE #:** \_\_\_\_\_

**DISPOSAL SITE:** \_\_\_\_\_

**DETAILED TRUCK ROUTES:**

(**Example:** Pick up – from Reading, Route 28 to North Reading to Andover, to Route 495 to one, or both facilities (Wheelabrator and/or Covanta). Please attach your route sheets.

Use additional pages as needed.

PLEASE CIRCLE THE EXEMPT COMMUNITIES WHERE YOU PICK UP TRASH:

*Andover*      *Boxford*      *Georgetown*      *Haverhill*      *Lawrence*  
*North Andover*      *North Reading*      *Peabody*      *Rowley*

HOW MANY TRUCK TRIPS PER WEEK THROUGH NORTH ANDOVER TO OR FROM EXEMPT COMMUNITIES?:

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HOW MANY TRUCKS PER WEEK WILL BE *TRANSPORTING SOLID WASTE* FROM EACH EXEMPT COMMUNITY?:

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HOW MANY PLACARDS REQUESTED? (\$100/card)

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TOTAL NUMBER OF TRUCKS:

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LICENSE NUMBERS:

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Signature of Applicant

Address

These applications are subject to review by the Board of Health. Please do not send a check in advance. You will be notified directly regarding final costs. Checks should be submitted to the BOH at time of pickup.

**WHEELABRATOR** (North Andover) and/or **COVANTA** (Haverhill) **PERMIT \$350 – Flat Fee Annual Permit**

**EXEMPT PLACARDS - \$100 – Fee for each exempt placard annually**

**Checks Payable to: Town of North Andover**

**TOWN OF NORTH ANDOVER**  
**Community & Economic Development**  
**HEALTH DEPARTMENT**  
120 Main Street  
NORTH ANDOVER, MASSACHUSETTS 01845



978.688.9540 – Phone - 978.688.9542– FAX  
healthdept@northandoverma.gov - email  
<http://www.northandoverma.gov> - website

DATE: \_\_\_\_\_

**Tobacco Sales Permit Application**

Establishment Name: \_\_\_\_\_

Establishment Location: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Applicant's Name & Title: \_\_\_\_\_

Owner of Establishment (if different): \_\_\_\_\_

Corporation Name: \_\_\_\_\_  
Legal name of business affiliated with DOR Tax I.D.

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

Emergency Response Person: \_\_\_\_\_

Phone: \_\_\_\_\_

**How are cigarettes sold?**  
Over the counter \_\_\_\_\_ Vending machine \_\_\_\_\_ Other \_\_\_\_\_

**Please check all that apply:**  
Cigarettes \_\_\_\_\_ Cigars and/or smoking tobacco \_\_\_\_\_

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**FEE:** \$110.00 Annual renewal fee due by July 1<sup>st</sup> of each year

Check here if payment was made on-line \_\_\_\_\_ (Please remember that this application still needs to be sent to the Health Department).

**Late Fee:** will double to \$220 if received after the due date.

**Payable to:** Town of North Andover