Town of Sandwich
The Oldest Town on Cape Cod

Health Department
16 Jan Sebastian Drive
Sandwich, MA 02563
(508) 888-4200
Fax: (508) 833-0018

2022
APPLICATION FOR
SEWAGE COLLECTION & TRANSPORTATION LICENSE

Application Status: Renewal / New
(Circle one)

Business Name:_____Tel. No._____

Business Address: _____ Mailing Address: _____

Owner/Corporation Name: _____EMAIL: _____

Owner/Corporation Mailing Address: _____

Contact Name: _____Contact Phone: _____

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EACH COLLECTION TRUCKS MUST BE INSPECTED BY THE HEALTH AGENT AND
MUST COMPLY WITH THE FOLLOWING:

1. Business name and telephone number noted on truck.
2. Tight seals to prevent sewage leakage.

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LIST EACH TRUCK'S LOAD CAPACITY & REGISTRATION NUMBER:

1. _____ TONS REG. NUMBER: _____
2. _____ TONS REG. NUMBER: _____
3. _____ TONS REG. NUMBER:_____
4. _____ TONS REG. NUMBER: _____
5. _____ TONS REG. NUMBER:_____

ADDRESS WHERE TRUCKS ARE STORED: _____

Important: Under Chapter 152, Section 25c, Subsection 6, **you must complete the attached Workers Compensation Insurance Affidavit Form and return it with this completed application, no later than January 1, 2022.**

Checks made payable to the **Town of Sandwich** for $200.00.

SIGNATURE: _____ DATE: _____