



CITY OF NORTH ADAMS, MASSACHUSETTS

Inspection Services

Application for Hauler Permit

Permit number _____ (First vehicle \$100 / each additional \$85) Date _____

The undersigned hereby applies for a license in accordance with the provisions of the statutes thereto:

Name _____

Address _____
Street City State Zip

Mailing Address _____
(If different) PO Box/Street City State Zip

Telephone number _____

To Collect and Transport Waste

Roll offs and Packer trucks (Traveling through the city / NO dumping – must REGISTER)

PACKER TRUCKS ARE NOT PERMITTED AT THE TRANSFER STATION

Year and make of vehicles	Registration number	Sticker number (office)

Signature of applicant _____

Federal Identification Number *(required)* _____

Copy of ALL registrations MUST accompany this application.

*Return payment with completed application by **June 30** to avoid late fee.

Return application to: Inspection Services, 10 Main Street, North Adams, MA 01247