



# TOWN OF UXBRIDGE

Board of Health  
21 South Main Street  
Uxbridge, Massachusetts 01569  
Telephone: (508) 278-8600 Ext.8  
[boh@uxbridge-ma.gov](mailto:boh@uxbridge-ma.gov)

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Please submit the following if you are applying for a permit to remove, transport and dispose of solid waste or recyclables in the Town of Uxbridge

1. Permit Application
2. REAP Form
3. Annual Solid Waste and Recyclables Reporting Form
4. Workers' Compensation and Liability Insurance Accord form with the Uxbridge Board of Health listed as a certificate holder.
5. Workers' Compensation Insurance Affidavit: General Business
6. \$150.00 permit fee. Checks are to be made payable to Town of Uxbridge or online by going to <https://www.uxbridge-ma.gov/> If renewing your application after January 1<sup>st</sup> there will be a \$50.00 late fee.



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Date: \_\_\_\_\_, 20\_\_\_\_\_

Non-Refundable Fee **\$150.00**

Permit expires annually on December 31<sup>st</sup>

Late Fee **\$50.00**

(Checks made payable to **Town of Uxbridge**)

## Permit Application

to remove, transport and dispose of solid waste or recyclables  
 in the Town of Uxbridge

### Instructions

All sections of this application must be completed. Incomplete applications will not be considered.

*(NOTE TO USER: Language below is based on Board of Health authority to enact and implement this process. If another authority/process is undertaken, consider modifying to reflect appropriate citations throughout.)*

In accordance with MGL Chapter 111, Sections 31 A and 31B and in accordance with the Town of Uxbridge Article XIX Rules and Regulations for Commercial/Residential, Municipal, and Residential Refuse/Recycling Permitting and Operation, the undersigned makes application to the Board of Health for permission to collect and transport Solid Waste and/or Recyclables as set forth below:

\_\_\_\_\_ Check here if this is your first application.

\_\_\_\_\_ Check here if this is a renewal application.

Please select which type(s) of collection you will be providing (*check all that apply*):

\_\_\_\_\_ Solid Waste and Recyclables

\_\_\_\_\_ Recyclables Only (see Board Regulation XIX Section 6)

\_\_\_\_\_ Solid Waste Only (see Board Regulation XIX Section 6)

\_\_\_\_\_ Dumpster Service

### Company Information

Company Name	
Contact Name	
Location Address	
City, State Zip Code	
E-Mail Address	
Telephone #	
Mailing Address (if different)	
City, State, Zip Code	
Emergency 24-hour Contact Name	
Emergency 24-hour Telephone #	

## Truck Information

Estimated number of collection trucks to be used in Town of Uxbridge \_\_\_\_\_ during the permit year.

(Use separate sheet to list additional trucks)

Truck Registration Number	State	Type and Capacity	Copy of Vehicle's Last Safety Inspection Report (NOT Inspection Sticker)

## Disposal/ Recycling Information

List facilities where Solid Waste and/or Recyclables will be delivered for disposal or processing during the permit year.

(Note multiple outlets if used during the permit year. Weight slips may be requested to verify end disposal site.)

Solid Waste Disposal Facility	Address	Material(s) Delivered
Recyclables Processing Facility/MRF	Address	Material(s) Delivered

### Please check all and make sure all associated attachments are included.

	This is a permit renewal: I have attached a copy of the Annual Solid Waste and Recyclables Reporting Form. If this is your first application, write-in Not Applicable (NA).
	I have attached a copy of my Workers' Compensation and Liability Insurance Certificate with the Uxbridge Board of Health listed as a certificate holder for public liability and property insurance.
	I certify that the company I represent operates in compliance with the Massachusetts Waste Ban regulations (including textile and mattresses effective <b>November 1, 2022</b> ) and the Mercury Disposal Prohibition.
	I have attached a copy of my marketing materials indicating the types of services offered, reminding Customers that recycling is mandatory, and describing the Massachusetts Waste Ban Materials.
	I confirm that my company follows the <b>Bundled Service</b> requirement outlined in <b>Section 6</b> of these regulations.
	I have attached a copy of my notification that will go to Customers who set out visible Waste Ban Materials mixed with Solid Waste, including a reminder that recycling is mandatory, describing what was seen that violated the Waste Bans, and providing a phone number for the Board of Health.
	All employees understand and will help educate all Customers about the Massachusetts Waste Bans.
	I am an authorized official of the company applying for this permit.
	Pursuant to MGL Ch. 62C Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Printed Name, Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REAP ATTESTATION FORM**  
Massachusetts Department of Revenue

**REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

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\*Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if applicable)

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\*\*Social Security Number (Voluntary) or Federal Identification Number

\*This license will not be issued unless this certification is signed by the applicant.

\*\*Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law C. 62C. s. 49A.



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## Annual Solid Waste and Recyclables Reporting Form For permitted haulers operating in the Town of Uxbridge

### Instructions

All sections of this form must be completed and submitted to the Board of Health with your Annual Permit Renewal Application. **Private hauler permits will not be issued until this report is filed.**

### Reporting Period

For the period starting \_\_\_\_\_ through \_\_\_\_\_

Company Information	
Company Name	
Name of Person Completing Form	
Address	
City, State Zip Code	
Phone Number	
Email	

In the table below, please provide the average number of Uxbridge customers you served during the 12-month reporting period, by category type.

Category	Customer Count
Residential Customers: Solid Waste and Recyclables	
Commercial Customers: Solid Waste and Recyclables	
Commercial Customers: Solid Waste Only	
Commercial Customers: Recyclables Only	

### Tonnage Data

Please provide the total tons of solid waste and recyclables collected from residential customers within the Town of Uxbridge during this 12-month reporting period. (Note: In the case where your company delivers loads for disposal or recycling that are combined with more than one municipality, you must provide your best estimate of tonnage delivered from the Town of Uxbridge. Weight slips must be provided upon request from the Board of Health.)

	Solid Waste	Recyclables
Tonnage		
Disposal or Processing Facility		

Please check all and make sure all associated attachments are included. If not applicable, enter (NA)  
 Incomplete applications will not be considered.

<input type="checkbox"/>	I have attached the names and addresses of Commercial Customers who are provided Solid Waste only collections.
<input type="checkbox"/>	I have attached the names and addresses of Commercial Customers who are provided with Recycling only collections.
<input type="checkbox"/>	I have been in communication with the Board of Health regarding customers set-outs not in compliance with the Town of Uxbridge regulations.
<input type="checkbox"/>	I have attached copies of all waste ban violation letters or notices received by my company during the prior year that refer to loads collected within the Town of Uxbridge.

Signature of Company Official

Printed Name

Date



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**Lafayette City Center**  
**2 Avenue de Lafayette, Boston, MA 02111-1750**  
**www.mass.gov/dia**

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.***

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins: Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify, under the pains and penalties of perjury, that the information provided above is true and correct.***

***Signature:*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

***Phone #:*** \_\_\_\_\_

<b><i>Official use only. Do not write in this area, to be completed by city or town official.</i></b>			
City or Town: _____	Permit/License # _____		
<b>Issuing Authority (check one):</b>			
1. <input type="checkbox"/> Board of Health	2. <input type="checkbox"/> Building Department	3. <input type="checkbox"/> City/Town Clerk	4. <input type="checkbox"/> Licensing Board
5. <input type="checkbox"/> Selectmen's Office	6. <input type="checkbox"/> Other _____		
<b>Contact Person:</b> _____		<b>Phone#:</b> _____	

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
Lafayette City Center  
2 Avenue de Lafayette,  
Boston, MA 02111-1750  
Tel (857) 321-7406 or 1-877-MASSAFE  
Fax (617) 727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)