



Town of Southborough  
Board of Health  
9 Cordaville Road, Lower Level  
Southborough, MA 01772-1662

Phone: (508) 481-3013  
Fax: (508) 229-2580

## SEPTAGE PUMPER/HAULER'S LICENSE APPLICATION

**Please note the fee amount has changed.**

New    Renewal    **FEE: \$175**

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Company Phone \_\_\_\_\_

If corporation or partnership, give names, titles and home addresses of officers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

The following information must be provided for each vehicle either pumping in Southborough or transporting septage through the Town. A copy of your Certificate of Insurance on each vehicle must be provided to this office.

### Truck #1

Model \_\_\_\_\_ Year \_\_\_\_\_ Capacity \_\_\_\_\_ gallons

Vehicle Registration Number \_\_\_\_\_

### Truck #2

Model \_\_\_\_\_ Year \_\_\_\_\_ Capacity \_\_\_\_\_ gallons

Vehicle Registration Number \_\_\_\_\_

### Truck #3

Model \_\_\_\_\_ Year \_\_\_\_\_ Capacity \_\_\_\_\_ gallons

Vehicle Registration Number \_\_\_\_\_

(over)

I hereby declare that the above statements made on this application for a license to haul septic are complete and true and that non-compliance with the above may result in the revocation of my license.

Pursuant to MGL Ch. 62C, sec. 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

**INSURANCE CERTIFICATES CAN BE EMAILED TO:**  
**bspiri@southboroughma.com**

---

Taxpayer Identification #

---

Applicant Signature

---

Date

**FOR OFFICE USE ONLY**

Fee \_\_\_\_\_ Check # \_\_\_\_\_

Permit Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Notes: \_\_\_\_\_

---

Revised Jan. 2022