



AMHERST INSPECTION SERVICES
4 BOLTWOOD AVENUE • AMHERST • MA • 01002
Main Office (413) 259-3030 Fax (413) 259-2402
www.amherstma.gov

APPLICATION FOR REMOVAL OF OFFAL LICENSE
ANNUAL FEE - \$225.00
___New ___Renewal

Business name _____

Business address _____

Mailing Address (if different) _____

Business Phone _____ Fax _____ Website _____

Applicant/owner's name _____

Owner's Phone _____ Cell phone _____ Email _____

Emergency Contact's name _____

Emergency Contact's Phone _____ Cell phone _____

List all disposal location site(s): _____

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE APPLICATION:

- Worker's Compensation Affidavit
- Worker's Compensation Certificate of Insurance (insurance may fax directly to 413-259-2402)
- Business License

I agree to submit all pumping reports to Amherst Inspection Services within 14 days of the pumping date.
(State Sanitary code 310 CMR 15.351)

Pursuant to M.G.L. CH. 62C Sec. 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; and that the statements made in this application are true. I agree to abide the State Sanitary Code, as well as all terms and conditions set forth by the Amherst Board of Health and the Town of Amherst.

Signature of Applicant

Print Name and Title

Date

Make Check Payable to: Town of Amherst

**Return to: Amherst Inspection Services
Attn: License Application
Town Hall 2nd Floor
4 Boltwood Avenue
Amherst, MA 01002**