



Town of Wilmington Board of Health

Application for Pumper/Hauler License – 2015 \$200.00 Per Truck

Date _____

Name of Operator _____

Home Address _____

Business Address _____

Telephone (Home) _____ (Business) _____

E-Mail Address: _____ Fax #: _____

Type of Truck (s)	YEAR	MODEL	REGISTRATION #	CAPACITY
1. _____				
2. _____				
3. _____				

Air Tight (Yes) _____ (No) _____ Water Tight (Yes) _____ (No) _____

THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE

Authorized Signature Title Company Name

SOCIAL SECURITY # _____ FEDERAL ID# _____

Office Use Only
Date Received: _____
Amount Paid: _____
Check Number: _____
Permit Number: _____
Received By: _____
_____ Signature of Wilmington Treasurer

A valid certificate of insurance must be submitted with application.