



# TOWN OF OXFORD

## Board of Health

325 Main Street, Oxford, MA 01540  
Phone (508) 987-6045 ext. 4  
Fax (508) 987-3934  
boh@oxfordma.us

### APPLICATION FOR REFUSE AND RECYCLABLES COLLECTION AND DISPOSAL PERMIT

\$100.00 per truck (payment due with application)  
Remit payment to: Town of Oxford

**PERMIT #** \_\_\_\_\_

**CHECK #** \_\_\_\_\_

**DATE PD #** \_\_\_\_\_

Name of Applicant \_\_\_\_\_

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

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

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Attached is a copy of the Revised Residential Refuse & Recycling Collection Regulations. Your signature indicates that you, as a permitted hauler, understand the Revised Rules and Regulations of the Oxford Board of Health in accordance with Massachusetts General Law.

- RECYCLING OPT-OUT Form for Resident: This form needs to be filled out by the resident and returned to the Board of Health office.

Number of permitted trucks \_\_\_\_\_

Requirements: The letter attached has a list of all information required when submitting an application for a permit to transport offal. Incomplete permit applications will be returned.

Each hauler permitted shall affix a sticker provided by the Town on the lower portion of the windshield on the driver's side for each vehicle used for refuse and recyclables, collection, transportation, or disposal within the Town.

The Board may impose additional restrictions on any Hauler permit when it deems necessary.



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### **TRASH HAULING PERMIT APPLICATIONS REQUIRED DOCUMENTS**

The following items are required to be returned with the completed application and workers compensation certificate-naming the Town of Oxford as the certificate holder:

- a. A proposed schedule of those areas to be collected
- b. A map of the proposed routes
- c. A list of residents serviced by route, including whether each resident is on a weekly or bi-weekly schedule and whether the resident uses recycling service. Opt-Out form is enclosed for new residents or transfer of service residents, these needs to be returned to the Board of Health office for our files
- d. A description of the collection vehicle(s) to be used including year, make, model, and license plate number (a copy of your registration for each vehicle is to be sent with the application)
- e. A list of hauler at-fault accidents involving trucks registered to the hauler
- f. An OSHA recordable incident log
- g. A copy of company safety program
- h. A certificate of insurance from an insurance company permitted to do business in the Commonwealth of Massachusetts, in an amount not less than the amounts set forth below, or such other amounts as the Board may establish from time to time
  - i. General Liability: Bodily injury liability, including death, \$2,000,000 per occurrence, \$2,000,000 on account of one accident, and \$2,000,000 general aggregate general liability.
  - ii. Property damage liability: \$2,000,000 on account of any one accident, and \$2,000,000 in the aggregate
  - iii. Contingent coverage for subcontractors on the above two items
  - iv. Automobiles and trucks including hired vehicles: body injury liability, including death, \$2,000,000 on account of one person, and \$2,000,000 on account of any one accident
  - v. Property damage liability \$2,000,000
  - vi. Excess umbrella liability coverage: \$2,000,000
- i. Evidence of workers compensation insurance shall be provided in accordance with Massachusetts General Laws

Each hauler permitted under these regulations shall affix a sticker provided by the Town on the lower portion of the windshield on the driver's side for each vehicle used for solid waste collection, transportation, or disposal within the town.

The annual fee for each permit issued under these regulations shall be established by the Board and is subject to change periodically.

The Board may impose additional restrictions on any hauler permit when it deems necessary.

***The fee is \$100.00 per truck and should be submitted at the time of the application.***

It is a violation of MGL Chapter 111, Section 31A to remove or transport offensive substances, offal material or trash through a city or town without first acquiring a permit from the city or town. Any operators found making pickups, within the Town of Oxford without proper permits, may find legal action being taken against them.

**MAKE SURE YOUR VEHICLES ARE PROPERLY PERMITTED AND STICKERED.**



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December 5, 2017

Attached is an Opt-Out form for you to supply to each resident signing up for trash hauling services with your company. Please make copies as needed, have each new resident/customer fill out the form and return it to the Board of Health office for review and filing.

If you have any questions, please contact our office.

Thank you,

*Laureen Gilbert*

Board of Health Administrative Assistant



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### **RECYCLING OPT-OUT FORM**

OPT-OUT FOR RECYCLING PER BOARD OF HEALTH RESIDENTIAL REFUSE AND RECYCLING REGULATIONS, EFFECTIVE JANUARY 1, 2018.

OPT-OUT FORMS ARE TO BE COMPLETED BY A RESIDENT SIGNING UP FOR NEW SERVICE WITH A TOWN OF OXFORD PERMITTED TRASH HAULER, OR FOR A RESIDENT CHANGING TRASH HAULER.

BY SIGNING BELOW, I AM STATING THAT I UNDERSTAND THE TOWN OF OXFORD'S GOALS TO REDUCE LANDFILL VOLUME BY USE OF RECYCLING AND I HAVE DECIDED NOT TO PARTICIPATE.

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

E-mail: \_\_\_\_\_

Resident Name: \_\_\_\_\_  
(print)

\_\_\_\_\_  
(signature)

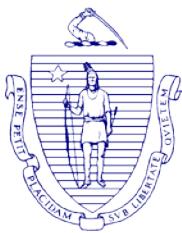
Date: \_\_\_\_\_

Please mail, scan/email, or fax back to our office.

Respectfully,

*Laureen Gilbert*

Board of Health Administrative Assistant



**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](http://www.mass.gov/dia)**

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

**Applicant Information**

**Please Print Legibly**

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

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

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

**Are you an employer? Check the appropriate box:**

1.  I am a employer with \_\_\_\_\_ employees (full and/or part-time).\*
2.  I am a sole proprietor or partnership and have no employees working for me in any capacity.  
[No workers' comp. insurance required]
3.  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]\*\*
4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

5.  Retail
6.  Restaurant/Bar/Eating Establishment
7.  Office and/or Sales (incl. real estate, auto, etc.)
8.  Non-profit
9.  Entertainment
10.  Manufacturing
11.  Health Care
12.  Other \_\_\_\_\_

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

***Official use only. Do not write in this area, to be completed by city or town official.***

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

**Issuing Authority (check one):**

1. Board of Health
2. Building Department
3. City/Town Clerk
4. Licensing Board
5. Selectmen's Office
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# 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)