



**Department of Inspectional Services  
Worcester, Massachusetts**

**Housing Unit**

**John R. Kelly**  
Commissioner/  
Building Commissioner

**Amanda M. Wilson**, Director  
Housing/Health Inspections

TO: All Persons applying for License/Permit

RE: Certification of Compliance with Worcester Revised Ordinances  
Governing Revenue Collection

The attached certification must be returned with your application for License/Permit.

City of Worcester Ordinances Chapter 11 of Article 2, Section 2A states that:

Failure to include a fully completed Certification form with the application being deemed incomplete and not eligible for further processing by the licensing authority.

Should you have any questions regarding this matter please contact me at 799-8547.

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Principal Inspector

PGS/eeh

**CERTIFICATION OF COMPLIANCE WITH  
WORCESTER REVISED ORDINANCES  
GOVERNING REVENUE COLECTION**

Pursuant to M.G.L. Chapter 40, section 57 and Worcester Revised Ordinances. Chapter 11, Article 2, Section 1; et.seq. I hereby certify under the pains and penalties of perjury, that the undersigned applicant and all parties having an ownership interest therein have complied with the laws of the Commonwealth of Massachusetts and the city of Worcester regarding payment of all local taxes, fees, assessments, betterment's or any other municipal charges of any kind.

**GIVE FULL NAMES AND RESIDENCES OF ALL PERSONS AND PARTIES  
INTERESTED IN THIS APPLICATION**

(Give first and last name in full: in cases of corporation give names of President, Treasurer and Manager and in case of firms give names of individual members)

(1) If a Proprietorship

Name of Owner \_\_\_\_\_

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

(2) If a Partnership

Full names and addresses of all Partners

NAMES	ADDRESSES
_____	_____
_____	_____

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

(3) If a Corporation

Full legal name \_\_\_\_\_

State of Incorporation \_\_\_\_\_

Principal place of Business in  
Massachusetts \_\_\_\_\_

Officers of Corporation

Name	Title
_____	_____

Owners of Corporation

Name	Address	% of stock
_____	_____	_____

(4) If a Trust  
Name of Trust

\_\_\_\_\_

Business Address

\_\_\_\_\_

Names of Trustees

\_\_\_\_\_

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(use additional sheets if necessary)

Dated this \_\_\_\_\_ day of \_\_\_\_\_

By Name \_\_\_\_\_

Title \_\_\_\_\_

\_\_\_\_\_

Business Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ or Federal I.D. Number

\_\_\_\_\_



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**CERTIFICATE OF COMPLIANCE  
COMMONWEALTH OF MASSACHUSETTS**

The Massachusetts Enforcement and Protection Program, Statute 1983, Chapter 233, and the emergency regulations implemented there under by the Commissioner of Revenue, 830 CMR 62C.47, require the City of Worcester to furnish certain information to the Department of Revenue.

“Any person who is applying for a right or license to conduct a profession, trade or business or for renewal thereof, must certify, under the penalties of perjury, upon such application that he has complied with all the laws of the Commonwealth relative to taxes. Said license renewal may not be issued without such certification”.

**Pursuant to MGL Chapter 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.**

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Social Security or FID number

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Signature of Individual or Name of  
Company

**CERTIFICATE OF COMPLIANCE  
PROVING COMPLIANCE WITH THE WORKERS COMPENSATION ACT**

Section 25C of Chapter 152 Massachusetts General Laws requires that every 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 until it has received acceptable evidence of compliance with the Workers Compensation insurance coverage required by law.

As a person or company seeking a license or permit to operate a business or to construct buildings, or the renewal of such a license or permit, you must supply one of the following by attaching it to this **CERTIFICATE OF COMPLIANCE**.

(please check one):

A Certificate of Insurance showing workers compensation insurance in effect as of the date upon which the issuance or renewal of a license or permit is requested.

A copy of a policy of workers compensation insurance in effect as of date upon which the issuance or renewal of the license or permit is requested.

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In certain circumstances, listed below, workers compensation insurance is not required. If one of the situations applies to you, please check off the appropriate exemption and sign the statement where indicated before the Notary Public, who will then notarize the sworn statement.

**COMMONWEALTH OF MASSACHUSETTS)**

**COUNTY OF WORCESTER** ) SS. \_\_\_\_\_

I am self-employed and have no employees who work for me, and do all of the work of my business, named \_\_\_\_\_ at \_\_\_\_\_, Worcester, myself. Therefore, I am not required to obtain workers compensation insurance.

I and \_\_\_\_\_ are owners of the business named \_\_\_\_\_, at \_\_\_\_\_ Worcester, and we do all of the work of this business ourselves, and have no employees. Therefore, we are not required to obtain workers compensation insurance.

I certify that the above information is true and correct under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_



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TO: ALL RUBBISH, SEPTIC AND RENDERING TRANSPORTERS

FROM: Phillip Salmon

RE: RENEWAL OF YOUR PERMIT FOR EACH VEHICLE

**DO NOT MAIL APPLICATIONS**

As part of your application, you must complete the "TAX FORMS" in its entirety. These forms certify that you and your company have paid all State and local taxes due. Your APPLICATION will be rejected if these forms are not completed or accurate.

No permit will be issued to any vehicle not displaying legibly the company or owner's name on the outside of the vehicle. The Inspectional Services Division shall be sole authority to determine compliance with this provision. Your permit will expire at the end of the calendar year.

Vehicles must be equipped with a suitable cover, canvas or other acceptable material for the body to prevent rubbish from falling or to be blown from the vehicle used during transportation to the disposal area.

**Inspectional Services personnel are available for application processing, inspection and issuance of permits**

**LATE CHARGE**

**There shall be a charge levied for any renewal permit issued by this Department when the renewal application has not been received by the Department prior to the date of expiration and a second notification is issued.**

**The late charge is \$50.00 and will be in addition to the original fee.  
This charge reflects Departmental costs incurred.**

**!!! !!!! BRING YOUR APPLICATION WITH YOU !!!!**

**Checks or Money Orders for \$110.00 per truck made payable to "City of Worcester".**



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TO: All Rubbish Haulers

FROM: Philip G. Salmon, Principal Inspector

DATE: For each year you have a sticker

**RE: List of Scheduled Pick-Ups**

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Upon inspection of your vehicles for the year, you must provide your current list of schedule pick-ups and ultimate disposal facility in order to receive a permit to remove offensive substances from the City of Worcester.

No PERMIT will be issued until this list is provided.



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**RE: Providing Proof of Disposal**

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You must, before obtaining a permit to Haul Offensive Materials throughout the City of Worcester, provide proof in writing from a disposal facility that the materials you are hauling are being disposed there.

No PERMIT will be granted until such proof is provided.