

Nicole Murati Ferrer
Chairperson

CAMBRIDGE LICENSE COMMISSION



Chief Gerald R. Reardon
Fire Department
Commission Member

831 Massachusetts Avenue, First Floor, Cambridge, Massachusetts 02139

Acting Commissioner Christopher J. Burke
Police Department
Commission Member

City of Cambridge

Elizabeth Y. Lint
Executive Director

PROCEDURE TO APPLY FOR A DISPOSAL COMPANY LICENSE

Please submit the following information to be scheduled for a hearing:

Garbage Disposal Company license application, with list of all Cambridge accounts;

If office in Cambridge, Zoning sign-off, from the Zoning Department (617-349-6100), on the [Licensed Premises Inspection Approvals Sheet](#);

Stamped Articles of Organization, if a Corporation. LLC Agreement if a Limited Liability Company. Partnership Agreement if a Partnership;

A Business Certificate or D/B/A certificate from the City Clerk's Office, first floor of City Hall (617-349-4260) if office is located in Cambridge;

Proof of Worker's Compensation Coverage or Worker's Compensation Affidavit if you have no Employees;

A check for \$100.00, made payable to the City of Cambridge, for the hearing fee.

Once ALL of the above is submitted, you will be scheduled for the [next available hearing](#). We will send you written notification of the hearing date.

If you are approved for a Disposal Company license, the following must be submitted BEFORE you are allowed to operate:

- A check for \$200.00, made payable to the City of Cambridge, for the license fee.

License Commission approvals are only valid for six months from the decision date and you MAY NOT operate until we issue the license to you.



CAMBRIDGE LICENSE COMMISSION

831 Massachusetts Avenue, Cambridge, MA 02139
Tel: 617.349.6140 | Fax: 617.349.6148 | TTY/TTD: 617.349.6112
License@cambridgema.gov

FEE: \$200.00

DISPOSAL/SOLID WASTE HAULER LICENSE APPLICATION

Corporate Name: _____ Tax ID No.: _____
Doing Business As (d/b/a): _____
Manager's Name: _____
Business Address: _____
Mailing Address: _____
Phone Number: _____ Email Address: _____

Owner's Contact Information:

Name: _____
Phone Number: _____ Email Address: _____
Mailing Address: _____

SUB-CONTRACTORS: Please provide the name, address and contact of your collection services for garbage and/or recycling if you sub-contract it/them out. Please indicate whether you provide compost collection and hauling services.

1) Corporate Name: _____ Tax ID No.: _____
Doing Business As (d/b/a): _____
Business Address: _____
Mailing Address: _____
Contact Person: _____
Phone Number: _____ Email Address: _____
Provide compost collection: yes no Provide hauling services: yes no

2) Corporate Name: _____ Tax ID No.: _____
Doing Business As (d/b/a): _____
Business Address: _____
Mailing Address: _____
Contact Person: _____
Phone Number: _____ Email Address: _____
Provide compost collection: yes no Provide hauling services: yes no

3) Corporate Name: _____ Tax ID No.: _____
Doing Business As (d/b/a): _____
Business Address: _____
Mailing Address: _____
Contact Person: _____ Phone Number: _____
Provide compost collection: yes no Provide hauling services: yes no

USE ADDITIONAL PAGES IN NECESSARY



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Please list all accounts or stops made by your company in Cambridge. Please list which services you provide to each account: i.e., trash, garbage, recycling, dumpster vs. individual trash, etc.

If more space is needed, please attach a separate list.

Please describe below how you promote recycling services and how potential and existing customers are informed that recycling is mandatory in Cambridge.

Please be advised that you must provide to your customers a copy of the Cambridge city ordinances regarding noise, waste, recycling and other related issued once a year. This information will be provided to you by the City.

The undersigned, being the owner/holder/manager of the license, hereby certifies under the pains and penalties of perjury, that: the information above is true accurate to the best of my understanding and belief.

Print Name: _____ Relation to Business: _____

Sign: _____ Date: _____

Telephone/Cellphone: _____ Email: _____

For Official Use Only

Granted: _____ Denied: _____

Conditions/Notes: _____
