CITY OF CAMBRIDGE
INSPECTIONAL SERVICES DEPARTMENT
831 Massachusetts Avenue
Cambridge, MA 02139

Renewal ☐
New ☐
Temporary ☐
Permament ☐

Permit #: _____
(Filled in by Office)

Date: _____

Address Where Dumpster is Located: _____

Property Owner's Information:

Name: _____

Address: _____

Telephone: _____

Email: _____

Name of Person Operating Establishment:

Name: _____

Address: _____

Telephone: _____

Email: _____

Type & Name of Establishment located on Premises:

☐ **Restaurant** _____

☐ **Business** _____

☐ **Residential** _____

Fee: $100.00 per Dumpster

Information to be Submitted with Dumpster License Application:

1. **Copy of contract with waste hauling and recycling company.**
2. **Circle days when dumpster will be picked up: Mon Tues Wed Thurs Fri Sat**
3. **Copy of extermination contract.**

Applicant's Signature: _____ Date: _____

Dumpster License Ordinance 1329 on back on form