



Town of Barnstable
Regulatory Services
Thomas F. Geiler, Director
Public Health Division
Thomas McKean, Director
200 Main Street, Hyannis, MA 02601

Office: 508-862-4644

Fax: 508-790-6304

Application Fee: \$100.00

ASSESSORS MAP AND PARCEL NO. _____ DATE _____

**APPLICATION FOR PERMIT TO STORE AND/OR UTILIZE MORE
THAN 111 GALLONS OF HAZARDOUS MATERIALS**

FULL NAME OF APPLICANT _____

NAME OF ESTABLISHMENT _____

ADDRESS OF ESTABLISHMENT _____

TELEPHONE NUMBER _____

SOLE OWNER: ___ YES ___ NO

**IF APPLICANT IS A PARTNERSHIP, FULL NAME AND HOME ADDRESS OF ALL
PARTNERS:**

IF APPLICANT IS A CORPORATION: FEDERAL IDENTIFICATION NO. _____

STATE OF INCORPORATION _____

FULL NAME AND HOME ADDRESS OF:

PRESIDENT _____

TREASURER _____

CLERK _____

SIGNATURE OF APPLICANT

RESTRICTIONS:

HOME ADDRESS _____

HOME TELEPHONE # _____

MAIL-IN REQUESTS

Please mail the completed application form to the address below. Also include a copy of your contingency plan (to handle hazardous waste spills, etc). In addition, please include the required fee of \$100. Make check payable to: Town of Barnstable. Allow five to seven (7) working days for in-house processing. Our mailing address is:

**Town of Barnstable
Public Health Division
200 Main Street
Hyannis, MA 02601**

FOR FAXED REQUESTS

Our fax number is **(508) 790-6304**. Please fax a completed application form. Also, please fax us a copy of your contingency plan (to handle hazardous waste spills, etc). In addition, please mail the required fee amount of \$100.00. Please make the check payable to: Town of Barnstable. The check must be mailed to the address listed above. Allow up to four days for in-house processing.

For further assistance on any item above, call (508) 862-4644

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