



CITY OF NEW BEDFORD
Massachusetts

Date: May 23, 2022

To the City Council
City of New Bedford:

The undersigned respectfully asks that he or she be granted a waiver of the residency requirement in accordance with 15-38 of the City Code to obtain a Secondhand Dealers License for:

COMPANY NAME: New Bedford Hauling

Address: 1245 SHAWMUT AVE.

City/State: New Bedford, Massachusetts

Zip Code: 02746

Applicant Signature: _____

JERRY DUGAN JR
(Name- Please Print)

(Address - Please Print)

middletown RT
(City/State - Please Print)

(Zip Code)

(Business - Telephone Number)

(Home - Telephone Number)