

TOWN OF LEICESTER
BOARD OF HEALTH
3 Washburn Square
LEICESTER, MASSACHUSETTS, 01524-1333

Phone: 508-892-7008

FAX: 508-892-7500



Date: _____

APPLICATION FOR LICENSE

TO THE LICENSING AUTHORITY:

In accordance with the provisions of the Statutes relating thereto, application for license is hereby made by:

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY TELEPHONE: _____ CONTACT PERSON: _____

LICENSE AS DISPOSAL WORKS INSTALLER
(TO CONSTRUCT, ALTER, INSTALL OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEMS)

FEE: \$ 125.00

Signature

Address

**** IF THIS IS A NEW APPLICATION, 3 LETTERS OF RECOMMENDATION FROM TOWNS YOU HAVE INSTALLED SYSTEMS MUST BE SUBMITTED.**

PURSUANT TO CHAPTER 22 OF THE ACTS OF 1998 (MGL), A LIST OF LOCALLY (Leicester) LICENSED SEWAGE DISPOSAL CONTRACTORS MUST BE MADE AVAILABLE TO THE D.E.P. SEWERAGE DISPOSAL INSPECTORS. IF YOU WOULD LIKE TO BE INCLUDED ON THIS LIST, PLEASE SIGN BELOW:

YES, I WOULD LIKE TO BE INCLUDED ON THIS LIST: _____

The Massachusetts Enforcement and Protection Program, Statute 233, and the emergency regulations implemented there under by the Commissioner of Revenue, 830 Code of Massachusetts Regulations 62C.47, require the Town of Auburn 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 the renewal thereof, must certify under the penalties of perjury upon such application that he/she has complied with all the laws of the Commonwealth relative to taxes. Said license or 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 my best knowledge and belief, have filed all state tax returns and paid all state taxes required by law."

SOCIAL SECURITY/FEDERAL ID NUMBER

SIGNATURE OF APPLICANT