



Board of Health  
 212 Main Street  
 Northampton, MA 01060  
 Tel: (413) 587-1214 • Fax: (413) 587-1221  
 Director of Public Health: Merridith A. O'Leary, R.S.

**FOR BOARD OF HEALTH  
 USE ONLY**  
 Date: \_\_\_\_\_  
 Amt Received: \_\_\_\_\_  
 Cash/Check No: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Workers Comp Affidavit

**2020/2021 APPLICATION TO OPERATE AS A FUNERAL DIRECTOR**

PERMIT FEE: \$100.00: **ALL FEES PAID ARE NON-REFUNDABLE**

**NO PERMITS WILL BE ISSUED IF TAXES ARE OWED**

*Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.*

*In Accordance with the provisions of the Statutes relating thereto, application for a Funeral Director Permit is hereby made to operate as a Funeral Director in Northampton, Massachusetts*

Establishment Name: (dba): \_\_\_\_\_ Establishment Tel.#: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner Name & Title: \_\_\_\_\_ Emergency Tel.#: \_\_\_\_\_

Owner Address: \_\_\_\_\_

**LIST EACH FUNERAL DIRECTOR:**

<u>Name</u>	<u>Title</u>	<u>Home Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If a Corporation or Partnership, give Name, Title, and Home Address of Officers or Partners

<u>Name</u>	<u>Title</u>	<u>Home Address</u>
_____	_____	_____

**PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON**

Signature of Applicant or Corporate Signature: \_\_\_\_\_

Social Security or Federal ID Number: \_\_\_\_\_