

FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. DWI-	YEAR 2016
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APPLICATION FOR PERMIT TO OPERATE AS A DISPOSAL WORKS INSTALLER

CASH

CHECK



NORTHAMPTON BOARD OF HEALTH
212 MAIN STREET
NORTHAMPTON, MA 01060
(413) 587-1214

LICENSE FEE: \$75.00

DATE: _____

Name of Business _____

Business Address _____

Mailing Address (If different) _____

Name & Title of Applicant _____

Address of Applicant _____

Name of Owner (If different) _____

If corporation or partnership, give name, title & home address of officers or partners.

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

In accordance with the provisions of the Statutes relating thereto, application for a Disposal Works Installer's Permit is hereby made to operate as a **DISPOSAL WORKS INSTALLER** in **Northampton, Massachusetts.**

OTHER TOWNS CURRENTLY OR PREVIOUSLY LICENSED IN: _____

Signature of Owner or Corporate Officer

Social Security or Federal ID #

Telephone #

Fax # and Email Address

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON