



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	<input type="checkbox"/>

2020 DISPOSAL WORKS INSTALLER APPLICATION FOR PERMIT TO OPERATE

PERMIT FEE: \$75.00: **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 disposal Works Installer's Permit is hereby made to operate as a Disposal Works Installer in Northampton, Massachusetts

Establishment Name: (dba): _____ Establishment Tel.#: _____

Establishment Address: _____

Mailing Address: _____

Email Address: _____

Applicant Name and Title: _____

Applicant Address: _____ Applicant Telephone #: _____

Owner Name & Title (if different from applicant): _____

Owner Address: _____

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

OTHER TOWNS CURRENTLY OR PREVIOUSLY PERMITTED IN:

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

Signature of Applicant or Corporate Signature: _____

Social Security or Federal ID Number: _____