



Millville Board of Health
8 Central Street
Millville, MA 01529
508-883-5041

Due Date: January 1, 20____
Fee Amount: _____
New License: \$100.00
Renewal by March 1st: \$100.00
After March 1st: \$150.00

APPLICATION FOR INSTALLER'S LICENSE

No: _____

Date: _____ 20____

To the Licensing Authorities:

The undersigned hereby applies for a License in accordance with the provision of the Statutes relating thereto:

(Full name of person making application)

(Full address of person making application)

PURPOSE FOR WHICH LICENSE IS REQUESTED:

TO CONSTRUCT, ALTER, INSTALL, OR REPAIR SEWAGE DISPOSAL SYSTEMS IN THE TOWN OF MILLVILLE IN CONFORMITY WITH THE STATE SANITARY CODE, TITLE V, 310 CMR 15.000.

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 under law.

Signature of Individual

S.S. # (Voluntary) or Federal I.D. #

Do you have a current Hoisting License? YES _____ NO _____ If YES, Expiration: _____
(Copy of hoisting license must be attached)

THIS LICENSE WILL NOT BE ISSUED UNLESS THIS CERTIFICATION CLAUSE IS SIGNED BY APPLICANT.

Your S.S. # will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filling or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to License suspension or revocation. This request is made under the authority of MGL. c.62C s.49A.

Signature of Applicant

Telephone

Email Address