



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.

<b>FOR BOARD OF HEALTH USE ONLY</b>	
Date:	_____
Amt Received:	_____
Cash/Check No:	_____
Received by:	_____
Workers Comp Affidavit	<input type="checkbox"/>

## 2021 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: \_\_\_\_\_