

FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. DWI-	YEAR 2018
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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

Non-Refundable Fee

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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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:** \_\_\_\_\_

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\_\_\_\_\_  
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