

COMMONWEALTH of MASSACHUSETTS
Town of Montague

Application for Disposal System Installer License
For Current Fee Schedule Please See: <http://www.montague.net/>

PRINT CLEARLY

Date:	_____
Name of Applicant:	_____
Address:	_____

Telephone:	_____
Federal ID # / SS #	_____

BUSINESS INFORMATION:	
Business Name:	_____
Address:	_____
Mailing Address:	_____

Telephone:	_____

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required by law.	
_____	_____
Applicant's Signature	Date

Social Security Number	
*This license will not be issued unless this certification is signed by the applicant.	

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing 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 Mass. G.L.c. 762Cs.49A

**The License Fee is a yearly fee,
Make Check payable to the Town of Montague,
mail to: Montague Board of Health, One Avenue A, Turners Falls, MA 01376.**

License will NOT be issued without payment.

Office Use:		
License Number: _____	Date Issued: _____	Date Expires: <u>December 31</u>