



BOARD OF HEALTH
TOWN OF FOXBOROUGH

MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

APPLICATION FOR FUNERAL DIRECTOR LICENSE

Application must be submitted 30 days before renewal date.

\$25 Fee – check made payable to Town of Foxborough

Include \$200 Late Fee if submitted less than 30 days before opening/renewal date.

Permit is for May 1-April 30 each year

BHP- _____
DATE REC'D _____
CHECK# _____

NO REFUNDS OR TRANSFER OF FUNDS

To the Board of Health:

The undersigned hereby makes application for a license as a Funeral Director in this Town, for the year ending April 30th, _____.

Signature

Name of Applicant: _____

Date of appointment: _____

Name of Business: _____

Location of Business: _____

Telephone #: _____

Email Address: _____

Engaged in any other location: _____