



BOARD OF HEALTH
TOWN OF FOXBOROUGH
 MASSACHUSETTS

OFFAL LICENSE APPLICATION

Fee: \$50.00 each truck

Please make checks payable to the Town of Foxborough.

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

BHP- _____
 DATE REC'D _____
 CHECK # _____

Applicant: _____

Doing Business As: _____

EMAIL: _____

Address: _____

OWNER: _____

Mailing address: _____

Applicant phone #: _____ Cell # (Optional) _____

NUMBER OF TRUCKS: _____

Truck #1 License Number: _____

Truck #2 License Number: _____

Truck #3 License Number: _____

If you have more trucks, please attach a separate sheet to this application.

OFFAL LICENSE IN THE TOWN OF FOXBOROUGH IN ACCORDANCE WITH THE RULES AND REGULATIONS MADE UNDER AUTHORITY OF SAID STATUTES.

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 or Corporate Name (Mandatory)

 By Corporate Officer
 (Mandatory if applicable)

 Date:

 **Social Security # (Voluntary) or Federal Identification Number

*This license will not be issued unless this certification clause 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.62Cs.49A.

THIS PERMIT IS FROM 1/1 AND EXPIRES ON 12/31.