



BOARD OF HEALTH
TOWN OF FOXBOROUGH
 MASSACHUSETTS

www.foxboroughma.gov

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

SEPTIC INSTALLER'S LICENSE APPLICATION

Fee: \$50.00

MAKE CHECKS PAYABLE TO THE TOWN OF FOXBOROUGH. EXPIRES 12/31.

BHP - _____
 DATE REC'D _____
 CHECK # _____

Workers Compensation: _____
 Liability Insurance: _____

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto

 (Full name of person, firm or cooperation making application)

 (Doing Business As)

 (Address)

 (Mailing Address)

EMAIL ADDRESS: _____

Phone #: _____ Cell#:(optional) _____

ATTACH COPIES OF ALL CERTIFICATIONS: (IE: CULTEC CERTIFIED) _____

INSTALLER'S 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)

 Print Name

 **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. (UPDATED 2010)