

Renewal o
Initial Application o

Renewal Fee: \$200.00
Expires: 3/31/

**TOWN OF WELLESLEY
APPLICATION FOR DISPOSAL SYSTEM
INSTALLER'S PERMIT**

90 Washington Street
Wellesley, MA 02481
781.235.0135

_____20_____

TO THE LICENSING AUTHORITIES:

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

NAME: _____

COMPANY: _____ **BUSINESS PHONE:** _____

BUSINESS ADDRESS: _____

To Install and Repair Disposal Systems in the Town of Wellesley in accordance with the rules and regulations made under authority of said statues and Wellesley regulations.

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.

This license will not be issued unless this certification clause is signed by the applicant.

Your social security number may 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.62C,s.49A.

Signature of Individual

Social Security or Tax Identification Number

Permit No. _____