

**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF WILBRAHAM
APPLICATION FOR SEPTIC INSTALLER'S LICENSE**

NO: _____

DATE: _____

To the Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for SEPTIC INSTALLER'S LICENSE is hereby made by:

(Full name of person, firm or corporation making application) () - _____
Phone Number Email Address

(Address) (City or Town) (State) (Zip Code)

State clearly the purpose for which the license is requested. _____

How many years have you been in business? _____

What City or Towns do you have a license in? _____

Have you taken and successfully passed the "Septic Installer's Exam" for the Town of Wilbraham? _____

Fee: \$150

- **APPLICANT MUST PROVIDE PROOF OF VALID AND CURRENT MA HOISTING LICENSE**

Pursuant to M.G.L. Chapter 62C, Sec. 49A, 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 under law.

Signature of Individual or Corporate Representative

Federal ID#

This license expires on December 31st of the same year that it was issued.

_____ Approved
by Finn McCool
Director of Public Health