

OFFICE OF THE
Board Of Health
13 East Central Street.
Natick, Massachusetts 01760
Phone-508-647-6460 ✕ Fax 508-647-6466

NO:

FEE: \$40.00

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 corporation making application

State clearly
purpose for
which license is
requested

To

KEEP BEES

Give location by
street and
number

Mailing
Address if
different

Telephone Number

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)

**SOCIAL SECURITY # (VOLUNTARY)
OR FEDERAL ID NUMBER

SIGNATURE OF APPLICANT

* This License will not be issued unless the applicant signs this certification clause.

** 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 status will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62Cs. 49A.