

OFFICE OF THE
BOARD OF HEALTH
13 EAST CENTRAL STRRET
NATICK, MASSACHUSETTS 01760
PHONE: (508) 647-6460 * FAX: (508) 647-6466

NO:

ANNUAL FEE: **\$50.00**

TO THE LICENSING AUTHORITIES:

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

Full name and address of person, firm or corporation making application

PURPOSE FOR WHICH LICENSE IS REQUESTED

RUBBISH / DUMPSTER CONTRACTOR

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 Name
(Mandatory)**

**Corporate Officer
(Mandatory if applicable)**

S.S.# (Voluntary) or Federal ID #

**THIS LICENSE WILL NOT BE ISSUED UNLESS THIS CERTIFICATION CLAUSE
IS SIGNED BY THE APPLICANT**

Your S.S.# 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.

Signature of Applicant

Telephone

Address