

FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. DWI-	YEAR 2014
---------------------	----------------	--------------	--------------------	------------------

APPLICATION FOR PERMIT TO OPERATE AS A DISPOSAL WORKS INSTALLER



Holyoke Board of Health
 City Hall Annex, Room 306
 20 Korean Veterans Plaza
 Holyoke, MA 01040
 413-322-5595 phone
 413-322-5596 fax

CHECK CASH
LICENSE FEE: \$100.00

DATE: _____

Name of Business _____

Business Address _____

Mailing Address (If different) _____

Name & Title of Applicant _____

Address of Applicant _____

Name of Owner (If different) _____

If corporation or partnership, give name, title & home address of officers or partners.

<u>Name</u>	<u>Title</u>	<u>Home Address</u>	<u>Tel. #</u>

In accordance with the provisions of the Statutes relating thereto, application for a Disposal Works Installer's Permit is hereby made to operate as a **DISPOSAL WORKS INSTALLER** in **Holyoke, Massachusetts.**

OTHER TOWNS CURRENTLY OR PREVIOUSLY LICENSED IN: _____

Signature of Owner or Corporate Officer _____ Federal ID # _____

Telephone # _____ Email Address _____

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF HOLYOKE