



The Commonwealth of
Massachusetts

TOWN OF HOLDEN

1196 Main Street, Holden, MA 01520
Phone 508-210-5542 Fax 508-829-0252

PERMIT # _____

FEE: \$75.00 (*due with application*)
Expires: July 31, Yearly

APPLICATION FOR SEPTIC SYSTEM INSTALLERS LICENSE

To The Board of Health:

I hereby apply for a Septic System Installer's License as required by Regulation 2.2 Title V of the State Sanitary Code.

BUSINESS NAME

OWNERS NAME

ADDRESS

TOWN / STATE / ZIP

PHONE

FAX

EMAIL

If this application is **not a renewal** you must include copies of valid licenses or letters of recommendation from at least three other towns.

The undersigned agrees to abide by the Holden Board of Health Regulations and Title V of the State Sanitary Code governing installation of septic systems. The undersigned also understands that any violation of the aforementioned regulations will be sufficient cause for revocation of my installer's license.

Signed: _____

Print Name: _____

Date: _____

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 Identification Number

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

** 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 will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L.

SEPTIC INSTALLATION / REPAIR LOCATION
(fill out location of system)

Property Location: _____

Property Owner: _____

Map: _____ Parcel: _____ Lot #: _____

<p>FOR OFFICIAL USE ONLY:</p> <p>ISSUE DATE: _____</p> <p>RELEASED: _____</p>
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