

FOR BOARD OF HEALTH :	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. DWI-	YEAR
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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
 Phone: 413-322-5595 Fax: 413-322-5596

CHECK CASH
LICENSE FEE: \$100.00

Date: _____

Name of Business _____

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 #

System Installer Supervisor Cell Telephone #

Email Address (REQUIRED)

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF HOLYOKE