



Sean Gonsalves  
Director

Board of Health  
City Hall Annex, Room 306  
Holyoke, MA 01040  
Tel 413-322-5595  
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**APPLICATION FOR PERMIT TO OPERATE A DISPOSAL WORKS INSTALLERS**

**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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
System Installer Supervisor

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Signature of Owner or Corporate Officer

\_\_\_\_\_  
Federal ID#

**PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF HOLYOKE**

<b>Date Received:</b>	<b>Check #</b>	<b>Initials:</b>	<b>Date Issued:</b>