

**Tewksbury Health Department**  
**1009 Main Street**  
**Tewksbury, MA 01876**  
**Telephone: 978-640-4470 Fax: 978-640-4472**

Fee: <b>\$75.00</b>	Expires: Dec 31
Date Paid:	Permit: #
Check No:	

**health@tewksbury-ma.gov**

## APPLICATION FOR INSTALLER'S LICENSE

**Applicant's Information:**

Name:		Telephone:	
		Email:	
Address:	City:	State and Zip Code:	
Email Address:			

**Company Information:**

Name:		Telephone:	
		Email:	
Address:	City:	State and Zip Code:	
Email Address:			

Please list Locations where you have installed systems within past two (2) years:

Name:	Address:	City:	Telephone:
Name:	Address:	City:	Telephone:
Name:	Address:	City:	Telephone:

**Other Communities:**

<p>Have you previously operated in this community, or another community or state?          Yes ___ No ___</p> <p>List community including license number and expiration date:</p> <p>_____</p> <p>_____</p> <p>Have you had a permit to operate revoked or suspended? If yes state the reason:</p> <p>_____</p>
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Social Security No. or Tax ID No:	Date Signed:
Signature of Individual:	

I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed and paid all state tax returns acquired under law.

Payment shall accompany this application with a check or money order payable to the "Town of Tewksbury".