

FUNERAL DIRECTOR PERMIT

Application fee: 75.00

Make check payable to: **Town of Pembroke**

The Commonwealth of Massachusetts
Town of Pembroke

APPLICATION FOR PERMIT

Permit No.: _____

Application Date: _____

Date Permit Issued: _____

To the Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for a license as a **Funeral Director** in the Town of Pembroke is hereby made by

Name: _____
(Please print clearly full name of person, firm or corporation making application)

Address: _____
(Please print clearly the complete address including zip code)

Telephone: _____

Date of appointment: _____

Any other location(s): _____

(Signature of applicant)

(Address)

(Telephone)