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 Permit is hereby made by			
Name:(Full name of person	, firm or corporati	on making application)	
Address:			
Telephone:			
to use a portable toilet(s) for a construction site or a social function in the Town of Pembroke.			
Location of site or function:			
Date(s) needed:			
Company transporting septage: (company MUST be licensed in the Town of Pembroke)			
(name of company)			
(street)	(city/town)	(state)	(zip)
(area code) (telephone numbe	ər)		
(Signature of applicant)			
(Address)			

(Telephone)

Please complete the tax certification form below and return it with this notice and your payment to the Board of Health, 100 Center Street, Pembroke, MA 02359. You may mail or bring this notice to the office to pay for your license by the date on your renewal letter. Approved permits will be mailed to the mailing address provided. The office is open from 8:30 a.m. to 7:00 p.m. on Mondays only, and Tuesday through Friday from 8:30 a.m. to 4:30 p.m. Please call the Board of Health at 781-293-2718 prior to visiting to verify current hours of operation.

CERTIFICATION OF TAX PAYMENT

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 BY LAW.

Signature of Individual (Mandatory)

By: Corporate Officer (Mandatory if Applicable)

Social Security Number or Federal Identification Number

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 delinquent taxes will be subject to license suspension or revocation. This request is made under the authority of M.G.L. Chapter 62C, Section 49A.

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