

Town of Pembroke

Receipt# _____

APPLICATION FOR SEPTIC INSTALL AND REPAIR PERMIT

Please make check in the amount of \$125.00 payable to the **Town of Pembroke**

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 **(Please PRINT clearly):**

Name: _____
(Full name of person receiving permit)

Company Name: _____

Company Address: _____
(Street) (City) (State) (Zip)

Mailing Address (if different): _____
(Street/PO Box) (City) (State) (Zip)

Telephone: _____ email address (**REQUIRED**) _____

to install and repair septic systems in the Town of Pembroke.

NOTE: This is not a blanket permit covering all employees of the company. Each individual that will be installing septic systems must be licensed by the Town.

Alternative System Qualified: _____yes _____no If yes, please supply appropriate Certificate(s)

Note: If first time installer or if license has lapsed one or more years, an exam **MUST** be taken before license can be issued.

(Signature of applicant)

(Address)

(Telephone)

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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 (**MANDATORY**)

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.*