Annual Fee: $50.00
Payable to Town of Northborough

Town of Northborough
Board of Health
63 Main Street
Northborough, MA 01532-1994
(508) 393-5009 Office (508) 393-6996 Fax

Permit #: _____
Cash [ ] Check [ ]
Check #: _____

Application for Funeral Director Permit

Full name of Applicant: _____

Doing business as: _____

Location of business: _____

Mailing address of business: _____

If business is a partnership, List full names and address:

Name: _____ Name: _____

Address: _____ Address: _____

Business telephone number: _____

Pursuant to M.G.L. Ch. 62 C, Section 49A, 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 under the law.

Signature: _____ ***Date:*** _____

PURSUANT TO M.G.L. CH. 152, Sec. 25A PLEASE ATTACH WORKER'S COMPENTSATION INSURANCE AFFADAVIT. (Your permit can not be issued without this information).

Information required shall be provided at the applicant's expense.