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## General Permit Application

Renewal New* *New busine.	sses must meet wi	th Health Director & file application at least 30 de	ays prior to opening.
Business Name (if applicable)			
Owner Name or Corporation/Manager Name	<del>e</del> :		
Street Address:		Email Address:	
Mailing Address (if different):			
Telephone No.:		Fax No.:	
Pager No.:	Car Phone No.:		
If any changes have occurred since our last i	review, please de	escribe:	
TYPE OF BUSINESS – Fee Schedule:			
□ Funeral Director	\$ 50.00	☐ Recreational Camps/Cabins/Parks	\$ 75.00
☐ Massage Establishment	\$100.00	☐ Rubbish Hauler	\$125.00
Please list Therapists currently on staff:	<b>V</b> .00.00	☐ Septage Hauler	\$125.00
		Location where equipment is stored:	Ψ120.00
☐ Massage Therapist  Base of operation:	\$ 50.00	□ Septic Installer  Location where equipment is stored:	\$125.00
□ Motel	\$ 75.00		
□ Tanning Salon	\$100.00		
Pursuant to MGL Chapter 62C § 49A, I cert filed all state tax returns and paid state taxes		nalties of perjury that I, to my best knowledge	and belief, have
		Date:	
Social Security Number or Federal ID:			