

**THE COMMONWEALTH OF MASSACHUSETTS**

Town of Ware

**APPLICATION FOR SEPTIC INSTALLER'S LICENSE**

**Fee of \$125.00 to be made payable to: Town of Ware**

No. \_\_\_\_\_

Date: \_\_\_\_\_

To the Licensing Authorities:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto in accordance with the rules and regulations made under authority of said Statutes.

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Telephone Number: \_\_\_\_\_

Company Contact: \_\_\_\_\_

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if applicable)

\_\_\_\_\_  
\*\*Social Security # (Voluntary) OR Federal Identification Number

- \* This license will not be issued unless this certification is signed by the applicant.
- \*\* 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 delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62Cs.49A.

\_\_\_\_\_  
Signature of Applicant

License Granted \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Address