

**SEPTIC INSTALLER**

**TOWN OF NATICK  
BOARD OF HEALTH  
13 EAST CENTRAL STREET  
NATICK, MA 01760  
Tele. 508-647-6460 \* Fax 508-647-6466**

**DATE:** \_\_\_\_\_

**FEE: \$325.00**

**TO THE LICENSING AUTHORITIES:**

**The undersigned hereby applies for a License in accordance with the provision of the Statutes relating thereto:**

\_\_\_\_\_  
(full name of person making application)

\_\_\_\_\_  
(company name & telephone number)

\_\_\_\_\_  
(address)

**PURPOSE FOR WHICH LICENSE IS REQUESTED:**

**TO CONSTRUCT, ALTER, INSTALL, OR REPAIR SEWAGE DISPOSAL SYSTEMS IN  
THE TOWN OF NATICK IN CONFORMITY WITH THE STATE  
SANITARY CODE TITLE V, REGULATION 22**

\_\_\_\_\_  
(Job location in Natick)

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

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

\_\_\_\_\_  
Corporate Officer  
(Mandatory if applicable)

\_\_\_\_\_  
S. S. # (Voluntary) or Federal I.D. #

THIS LICENSE WILL NOT BE ISSUED UNLESS THE APPLICANT SIGNS THIS CERTIFICATE CLAUSE.

Your S.S. # 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 status will be subject to License suspension or revocation. This request is made under the authority of Massachusetts G.L. c. 62C s. 49A.

\_\_\_\_\_  
Signature of applicant (mandatory)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address