

Town of Tyngsborough

Sewer Commission

25 Bryants Lane

Tyngsborough, MA 01879

(978) 649-2300 ext 134

I. TO THE BOARD OF SEWER COMMISSIONERS:

In accordance with the provisions of the Town of Tyngsborough Sewer Use Regulations, the undersigned respectfully applies for a license as a Drainlayer / Installer for the purpose of installing connections to the public sewer system in the Town of Tyngsborough. As the undersigned, I am familiar with and agree to comply with the applicable provisions of the Town of Tyngsborough Bylaws and Sewer Use Regulation which govern this license. **I will personally perform on-site supervision and be responsible for all work performed under this license, failure to do so will result in revocation of this license.**

Signature of Applicant: _____ Date _____

Name of Applicant: _____

Company Name: _____

Address: _____

Telephone: _____ Cell#: _____

Email: _____

II. The applicant must file with the Sewer Department office the following documentation:

- a. A Certificate of Insurance covering Liability in the sum of \$100,000 / \$300,000
- b. A Certificate of Insurance in the sum of \$50,000 for Property Damage with evidence of XCU coverage for explosion, collapse or underground damage.
- c. A Certificate of Insurance covering Worker's Compensation.
- d. An original Surety Bond in the amount of at least \$5,000.00

III. The applicant has paid the Drain Layer / Installer's License Fee and indicated below:

- a. **New Applications:** including existing applications which have lapsed for non-renewal for a period of more than 30 days. **\$200.00**
- b. **Renewal Applications:** including all existing applications which are renewed on an annual basis with 30 days of expiration. **\$100.00**

IV. **Qualifications:** Please provide the following requested information, including the full name and residencies of all parties to this application.

a. Sole Proprietorship:

Name of Owner: _____

Address: _____

Name of Business (DBA) _____

Telephone: _____ Cell#: _____

Email: _____

b. Partnership:

Name of All Partners: _____ Address: _____

Name of Business _____

Address: _____

Telephone: _____ Cell#: _____

Email: _____

c. Corporation:

Name of Corporation_____

State of Incorporation:_____ Date of Incorporation:_____

Name of All
Officers:

Address:

Principal Place of Business:_____

Telephone:_____ Cell#:_____

Email:_____

V. Financial Statement & References: The applicant is required to furnish the following financial statement and provide references to judge the applicant's business standings.

a. Have you or and other partner or officer of the applicant company ever filed for bankruptcy in this or any other state within the United States?

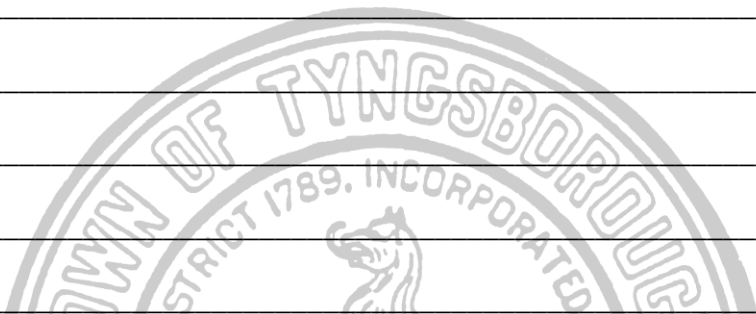
_____ YES _____ NO

b. Business References:

Name

Address & Telephone#

VI. **Experience:** The applicant is required to list below the work previously performed which is similar in nature to that of which will be performed as a drainlayer. PLEASE list any and all municipalities in which the applicant holds a license:



I acknowledge that it is the sole responsibility of the applicant to provide all of the required documentation. The application will be deemed incomplete if all required documentation is not received within seven (7) days of receipt of the application and the application will be subsequently denied.

I also acknowledge that it is the sole responsibility of any licensed drainlayer to submit certificates of insurance and/or bond prior to its expiration. If a renewal certificate of insurance or bond is not received in this office within 30 days of the expiration date, the license will be revoked and a new application and fee will be required.

Further, I acknowledge that all drainlayer licenses expire on the 31st of December of the calendar year in which the application or renewal application was received. It is the sole responsibility of the licensed drainlayer to submit a renewal drainlayer application, including all relevant insurance and bond documentation and renewal fee of \$100.00 at least 30 days prior to expiration. If a renewal drainlayer application, together with all required documentation and applicable license fee are not received in this office within 30 days of the expiration date of the license (December 31st), the drainlayer's license will be deemed invalid effective January 1st, in such case, a new drainlayer application, insurance and bond documentation and \$200.00 fee will be required.

The above statements are hereby understood and acknowledged.

Signature of Owner or Officer

Date _____

Printed Name