

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 residences of all parties to this application.

a. Sole Proprietorship:

Name of Owner: _____

Address: _____

Name of Business (DBA) _____

Telephone: _____ Cell#: _____

Email: _____

b. Partnership:

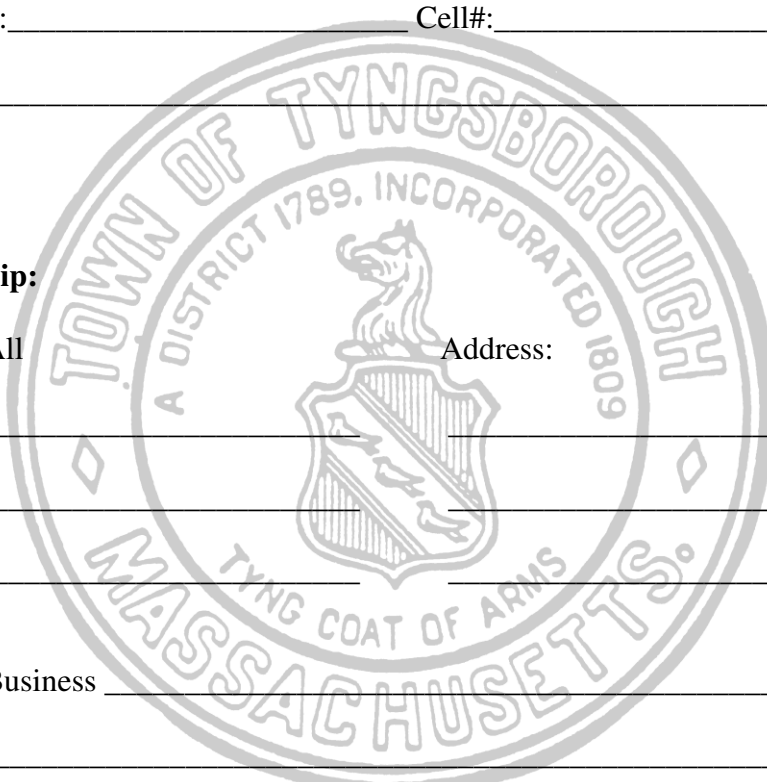
Name of All Partners: _____ Address: _____

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#

_____	_____
_____	_____
_____	_____
_____	_____

