

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF SUNDERLAND
12 School Street, Sunderland, MA 01375
Phone: (413) 665-1441 x6 Fax (413) 665-1446
Email: BoardofHealth@TownOfSunderland.us

APPLICATION FOR GENERAL PERMIT

Permit #: _____

TO THE LICENSING AUTHORITIES:

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

(Please print FULL NAME, ADDRESS & PHONE NUMBER of person, firm or corporation making application)

State Clearly TO: _____

Purpose for Which _____

License is Requested _____

AT: _____

Give Location By _____

Street & Location _____

In said TOWN OF SUNDERLAND in accordance with the rules and regulations made under authority of said Statutes.

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

Signature of Individual or Corporate Name

By: Corporate Officer

Federal ID #

This license will not be issued unless the applicant signs this certification clause.

Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filling 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 GL c.62C §49A.

Signature of Applicant / Date

Date Received: _____

Date Approved: _____

Permit # issued: _____

Date Issued: _____

Date Permit Expires: _____