



Town of Oak Bluffs  
Board of Health  
P.O. Box 1327  
Oak Bluffs, MA 02557  
508-693-3554 Ext. 127

William White  
Chairman

James Butterick  
Thomas Zinno  
Board Members

Meegan Lancaster  
Health Agent

**APPLICATION FOR PERMIT TO APPLY FERTILIZER**

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

**FEE: \$100.00**

Name of Applicant: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

SSN or Federal ID: \_\_\_\_\_

Individuals working under this license:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED: Please submit a copy of the certificate of completion of the Fertilizer Training Course with your application.**

The undersigned hereby agrees to comply with the Town of Oak Bluffs Board of Health Fertilizer Content and Application Regulation (Section 21.0):

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

Board of Health Approval: \_\_\_\_\_ Date Approved: \_\_\_\_\_