



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

Disposal Works Installer License Application

FEE: \$250.00 – Make check payable to Town of Oak Bluffs

PERMIT # _____

EXPIRATION DATE: 12/31/18

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a license in accordance with the provisions of the Statutes relating thereto.

Name/DBA: _____

Business Location: _____

Business Mailing Address: _____

Phone # Office: _____ Cell: _____

E-Mail: _____

Purpose of License: To install and repair septic systems in the Town of Oak Bluffs in strict accordance with Title V and Town regulations.

In Said Town of: Oak Bluffs 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 required under law.

X _____ Federal ID # _____
Signature of Applicant Date

List other towns where licensed: _____

*****PLEASE SUBMIT WITH THE WORKERS COMPENSATION INSURANCE AFFIDAVIT AND ATTACH A COPY OF THE WORKERS COMPENSATION POLICY DECLARATION PAGE (SHOWING THE POLICY NUMBER AND EXPIRATION DATE).**