

Methuen Health Department
Quinn Building – 90 Hampshire Street
Methuen, MA 01844
Telephone: 978-983-8655 Fax: 978-983-8988

Fee:	Expires:
Late Fee: \$10.00/day	Permit: #
Date Paid:	

APPLICATION FOR DISPOSAL WORKS INSTALLER PERMIT

Applicant's Information:

Name:		Telephone:
Address:	City:	State and Zip Code:

Applicant's Email Address: _____

Company Information:

Name:		Telephone:
Address:	City:	State and Zip Code:

Professional References:

Please list three (3) professional or business references that can be contacted.

Name:	Address:	City:	Telephone:
Name:	Address:	City:	Telephone:
Name:	Address:	City:	Telephone:

Other Communities:

Have you previously operated in this community, or another community or state?

Yes ___ No ___

List community including license number and expiration date:

Have you had a permit to operate revoked or suspended? If yes state the reason:

Social Security No. or Tax ID No:	Date Signed:
Signature of Individual:	

Payment shall accompany this application with a check or money order made payable to the "City of Methuen".