

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

Fee: <b>\$80.00</b>	Expires: 5-1
Late Fee: \$10.00/day	Permit: #
Date Paid:	

**APPLICATION FOR DRAIN LAYERS 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:**

<p>Have you previously operated in this community, or another community or state?</p> <p align="center">Yes    ___                      No    ___</p> <p>List community including license number and expiration date:</p> <p>_____</p> <p>_____</p> <p>Have you had a permit to operate revoked or suspended? If yes state the reason:</p> <p>_____</p>
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Social Security No. or Tax ID No:	Date Signed:
Signature of Individual:	

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

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