

TOWN OF MILLIS

OFFICE OF THE BOARD OF HEALTH

900 Main Street • Millis, MA 02054 Phone: 508-376-7042

Application for New Septic System Installer License – Fee \$291.00

Installer's	Name:		
Company	Name:		
Mailing A	ddress:		
City/Town:		State:	Zip Code:
Work Tele	ephone #:	Ema	il:
Pager/Cell Phone:		FID#/SS#	
Names of	Employees:		
The follow	wing items are required before		
1.	Completed Application		
2.			3 Boards of Health (on Board of
_	Health letterhead) from which	ch you have	installed similar systems.
	Include copies of licenses.	- C B A'II' - ' -	1h 1 - 1 6204 00
	 A check payable to the Town of Millis in the amount of \$291.00. Evidence of worker's compensation insurance or affidavit if sole proprietor. 		
	Town of Millis property owners must obtain a Certificate of Good Standing		
0.	from the Treasurer's Office		
	to the MGL Ch. 62C, sec. 49A,	-	der penalties that I, to my best ns and paid all state taxes required
-	curity Number or Federal ID: _		
Signature			Date: