



**TOWN OF MILTON
BOARD OF HEALTH**
525 CANTON AVENUE
MILTON, MA 02186
(617)898-4886 FAX (617)696-5172
www.townofmilton.org

APPLICATION FOR A LICENSE OR PERMIT

DATE: _____

FEE: _____

To the Licensing Authorities: The undersigned hereby applies for a License or Permit, in accordance with the provisions of the statutes relating thereto.

PERMIT/LICENSE TYPE:

BUSINESS NAME: _____

BUSINESS LOCATION: _____

BUSINESS PHONE: _____

APPLICANT NAME AND ADDRESS: _____

APPLICANT PHONE: _____

MAILING NAME: _____

MAILING ADDRESS: _____

"I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that this operation will comply with all applicable laws and regulations."

"Pursuant to MGL Ch. 152, sec. 25A, I certify under the penalties of perjury that this operation, to my best knowledge and belief, is in compliance with the Massachusetts Workers Compensation Coverage Requirement if applicable."

"Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law."

SIGNATURE OF APPLICANT: _____