

**FOOTHILLS HEALTH DISTRICT**  
Serving Goshen, Williamsburg and Whately  
P.O. Box 447, Haydenville, MA 01039-0447  
Phone: (413) 268-8404 Fax: (413) 268-8409

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**APPLICATION FOR SEPTIC SYSTEM INSTALLERS PERMIT**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

SSN or FID # \_\_\_\_\_

**(Leave blank if you have received a license from this town previously)**

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

Signature of Individual or Corporate Signatory \_\_\_\_\_

Corporate Officer \_\_\_\_\_

Date \_\_\_\_\_

This license will not be issued unless this certification clause is signed by the applicant. Your SSN or FID# may be furnished to the Massachusetts Department of Revenue for their determination of your tax obligations, as required by state law. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. (Mass. General Laws c.62C s. 49A)

Circle the town(s) you are requesting to be permitted by in this calendar year:

GOSHEN

WILLIAMSBURG

WHATELY

Annual Fee \$100 per town. Enclose separate checks, payable to the town(s) you wish to be licensed in, and mail to address on this letterhead, “Attention Health Agent”. (Do not write below this line)

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License number(s) issued:

Date:

DWIP:

(rev 10/2012)