



Derek Fullerton, RS, CHO  
Public Health Director

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**Board of Health**  
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**Public Health**  
Prevent. Promote. Protect.

## APPLICATION FOR PERMIT

Fee: \$25.00

Date: \_\_\_\_\_

Permit # \_\_\_\_\_

To the Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for a permit is being hereby made by:

Name \_\_\_\_\_  
(Full name of person, firm or corporation making application)

Address: \_\_\_\_\_  
(Give location by street and number)

To: PERFORM TITLE V INSPECTIONS

Phone # \_\_\_\_\_

Fax: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address

Permit Issued \_\_\_\_\_

Permit Expired \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Federal Identification or Social Security Number \_\_\_\_\_

Signature of Individual or Corporate Name \_\_\_\_\_