



Department of Health & Human Services
 Board of Health
 212 Main Street
 Northampton, MA 01060
 Tel: (413) 587-1214
 Commissioner: Merridith A. O'Leary, R.S.

FOR BOARD OF HEALTH USE ONLY
Date: _____
Amt Received: _____
Cash/Check No: _____
Received by: _____
Workers Comp Affidavit <input type="checkbox"/>

2023/2024 APPLICATION TO OPERATE AS A FUNERAL DIRECTOR

PERMIT FEE: \$100.00: **ALL FEES PAID ARE NON-REFUNDABLE**
NO PERMITS WILL BE ISSUED IF TAXES ARE OWED

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

In Accordance with the provisions of the Statutes relating thereto, application for a Funeral Director Permit is hereby made to operate as a Funeral Director in Northampton, Massachusetts

Establishment Name: (dba): _____ Establishment Tel.#: _____

Establishment Address: _____

Mailing Address: _____

Email Address: _____

Owner Name & Title: _____ Emergency Tel.#: _____

Owner Address: _____

LIST EACH FUNERAL DIRECTOR:

<u>Name</u>	<u>Title</u>	<u>Home Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If a Corporation or Partnership, give Name, Title, and Home Address of Officers or Partners

<u>Name</u>	<u>Title</u>	<u>Home Address</u>
_____	_____	_____

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

Signature of Applicant or Corporate Signature: _____