



**TOWN OF DIGHTON
BOARD OF HEALTH
1111 SOMERSET AVENUE
DIGHTON, MA 02715
TEL: (774) 872-0943**

FOR OFFICE USE ONLY
PERMIT NO: _____
DATE: _____
CHK NO & PMT: _____

GENERAL LICENSE/PERMIT APPLICATION

This is a general application for a license that the Board of Health may grant. All license(s)/permit(s) application to the Dighton Board of Health must be accompanied by the following information.

Indicate if license is: New _____ Renewal _____ Transfer _____ Other _____

List type of license(s)/permit(s) applying for:

- | | |
|---|--|
| <input type="checkbox"/> Cabin, Motel, Lodge \$100 | <input type="checkbox"/> Tanning Establishment \$125 |
| <input type="checkbox"/> Body Art Establishment \$200 | <input type="checkbox"/> Body Art Practitioner \$100 |
| <input type="checkbox"/> Other _____ | |

OWNER(S) NAME: _____

NAME OF BUSINESS: _____

DBA (if applicable): _____

BUSINESS MAILING ADDRESS: _____

TELEPHONE & CELL(S): _____

BUSINESS EMAIL: _____

LOCATION WHERE LICENSE IS TO BE USED: _____

DAYS OF OPERATION: _____

HOURS OF OPERATION: _____

DESCRIPTION OF PREMISES: _____

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 and local taxes required by law and agree to comply with the terms of its license/permit and applicable laws, rules and regulations related thereto. I hereby certify that the information contained in this application is true and authorize the Licensing Authority or its agents to conduct whatever investigation is necessary to verify the information contained in this application.

**Operating without a proper license / permit will result in double permit fees plus applicable MGL fines.
An additional fee of \$50.00 will be the applicant's responsibility if a re-inspection is necessary.**

Signature of Individual or Corporate Officer (if applicable)

Printed Name

Date

Federal Tax Identification Number (FEIN)