



CITY OF WALTHAM

MASSACHUSETTS

BOARD OF HEALTH

JOHN P. ZUPPE

DIRECTOR OF PUBLIC HEALTH

Funeral Directors Application

Date: _____

Subject to provisions of the Revised Laws of 1936. Chapter 407, and all Acts mandatory thereto, the undersigned hereby applies for a license as a
Funeral Director for the year ending May 31, 2015 –May 31, 2016.

Each application shall be filled in the applicant's own handwriting.

Are you engaged in any other business or occupation? _____

If so, state nature of business: _____

State location and nature of quarters occupied for carrying on the business of Funeral Directing: _____

Have you your own equipment and supplies necessary for the business of Funeral Directing? _____

Number of Certificate or Registration issued from Board of Registration in embalming: _____

Name of Applicant: _____

Business Address & Phone Number: _____

Home Address & Phone Number: _____

PLEASE COMPLETE REVERSE SIDE

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

Signature of individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory if applicable)

Social Security or Federal ID Number:

This License will not be issued unless this certification clause is signed by the applicant.

Your Social Security Number or Federal ID Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to suspension or revocation. This request is made under the Authority of Massachusetts General Laws – c. 62C s. 49A.

Fees: \$110.00 – Please make check payable to the City of Waltham