



# TOWN OF SCITUATE BOARD OF HEALTH

## APPLICATION FOR TITLE 5 INSPECTOR

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

New Application

Renewal

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

by:

Name (individual):	
Company Name (if different):	
Address:	
Telephone Number:	
Cell Phone Number:	
Fax Number:	
E-mail Address:	

*Pursuant to MGL CH 62c, SEC 19A, I certify 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 under the law.*

Signature	
Social Security or Federal I.D.:	

Worker's Comp Certificate: \_\_\_\_\_

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

Copy of State Certification: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Copies of Valid Licenses from other towns: \_\_\_\_\_

Passed Test (if required) \_\_\_\_\_

Copy of Liability Certificate: \_\_\_\_\_

FEE: \$25.00      Date Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

**Reviewed by Director, Public Health:**      APPROVED

DENIED:

OTHER/NOTES:

**Return to** Board of Health Office  
Town of Scituate  
600 CJC Highway  
Scituate, MA 02066