



TOWN OF TEWKSBURY

HEALTH DEPARTMENT
TOWN HALL
1009 Main Street
TEWKSBURY, MASSACHUSETTS 01876
(978) 640-4470
Fax: (978) 640-4472
health@teWKsbury-ma.gov

FEE: \$60.00

APPLICATION FOR FUNERAL DIRECTOR

Applicant's Information:

Name:		Telephone:	
Address:	City:	State and Zip Code:	
Email Address:			

Company Information:

Name:		Telephone:	
Address:	City:	State and Zip Code:	
Email Address:			

Attach the Following Documents:

- ❖ "Workers Compensation Insurance Affidavit: General Business"
- ❖ Insurance Binder with your facility's name and address
- ❖ Check or money order payable to the "Town of Tewksbury."

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

Social Security or Tax ID No:	Date Signed:
Signature of Individual:	

Payment shall accompany this application with a

Fee: \$60.00	Expires: April 30th
Date Paid:	Permit: #
Check No:	