



# ***Town of Tyngsborough***

Sewer Commission

25 Bryants Lane

Tyngsborough, MA 01879

(978) 649-2300 ext 134

## **I. TO THE BOARD OF SEWER COMMISSIONERS:**

In accordance with the provisions of the Town of Tyngsborough Sewer Use Regulations, the undersigned respectfully applies for a license as a Drainlayer / Installer for the purpose of installing connections to the public sewer system in the Town of Tyngsborough. As the undersigned, I am familiar with and agree to comply with the applicable provisions of the Town of Tyngsborough Bylaws and Sewer Use Regulation which govern this license. **I will personally perform on-site supervision and be responsible for all work performed under this license, failure to do so will result in revocation of this license.**

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_

## **II. The applicant must file with the Sewer Department office the following documentation:**

- a. A Certificate of Insurance covering Liability in the sum of \$100,000 / \$300,000
- b. A Certificate of Insurance in the sum of \$50,000 for Property Damage with evidence of XCU coverage for explosion, collapse or underground damage.
- c. A Certificate of Insurance covering Worker's Compensation.
- d. An original Surety Bond in the amount of at least \$5,000.00

## **III. The applicant has paid the Drain Layer / Installer's License Fee and indicated below:**

- a. **New Applications:** including existing applications which have lapsed for non-renewal for a period of more than 30 days. **\$200.00**
- b. **Renewal Applications:** including all existing applications which are renewed on an annual basis with 30 days of expiration. **\$100.00**

IV. **Qualifications:** Please provide the following requested information, including the full name and residences of all parties to this application.

**a. Sole Proprietorship:**

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Business (DBA) \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_

**b. Partnership:**

Name of All Partners: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

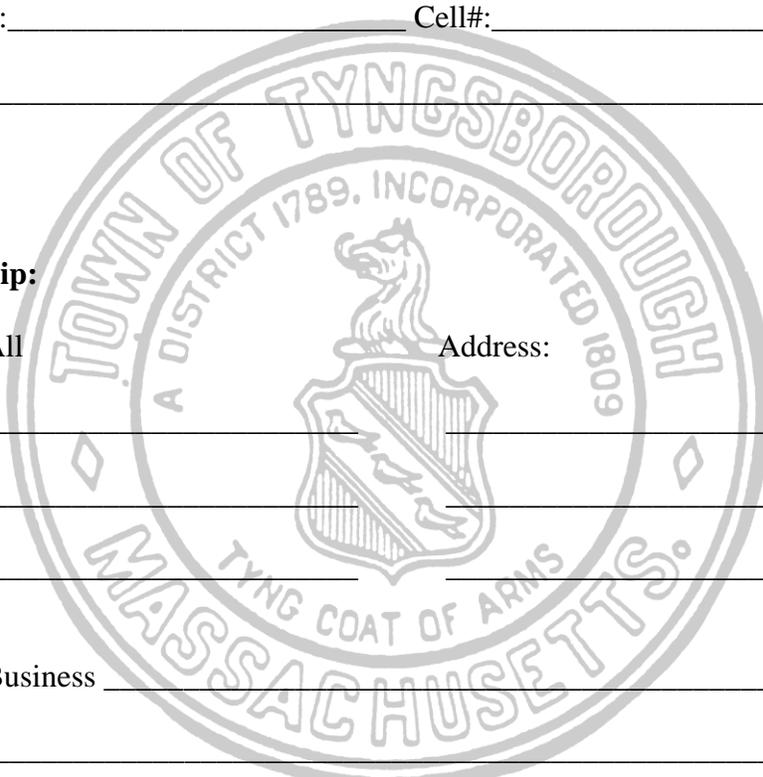
\_\_\_\_\_

Name of Business \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_



**c. Corporation:**

Name of Corporation \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Name of All  
Officers:

Address:

_____	_____
_____	_____
_____	_____

Principal Place of Business: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_

**V. Financial Statement & References:** The applicant is required to furnish the following financial statement and provide references to judge the applicant's business standings.

a. **Have you or and other partner or officer of the applicant company ever filed for bankruptcy in this or any other state within the United States?**

\_\_\_\_\_ YES \_\_\_\_\_ NO

**b. Business References:**

Name

Address & Telephone#

_____	_____
_____	_____
_____	_____
_____	_____

