



Town of Tyngsborough Sewer Commission

25 Bryants Lane,
Tyngsborough, Massachusetts 01879-1003
978-649-2300 x134

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 in the sum of \$100,000 to cover General Liability, including bodily injury, property damage, and \$300,000 for XCU coverage for explosion, collapse, or underground damage. A bond, cash deposit or certified check for \$5,000.00 and three letters of recommendation must also be submitted. If insurance or bond is canceled or expires the drainlayer's license shall become void. Any drainlayer who will be installing a forcemain needs to be certified for installing E-1 pumps, or any other manufacturer that requires a certification for an ejector pump.

III. The applicant has paid the Drainlayer/Installer's License Fee as indicated below:

- a.) **New Applications/Renewals: \$125.00. Please note that all licenses shall be issued for one calendar year beginning January 1.**

IV: Qualifications: Please provide the following requested information, including the name and residencies 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 _____

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 #

VI. Experience: The applicant is required to list below the work previously performed which similar in nature to that of which will be performed as a drainlayer. PLEASE list any and all municipalities in which the applicant holds a license.

I acknowledge that it is the sole responsibility of the applicant to provide all of the required documentation. The application will be deemed incomplete if all required documentation is not received within seven (7) days of receipt of the application and the application will be subsequently denied.

I also acknowledge that it is the sole responsibility of any licensed drainlayer to submit certificates of insurance and/or bond prior to its expiration. If a renewal certificate of insurance or bond is not received in this office within 30 days of the expiration date, the license will be revoked and a new application and fee will be required.

Further, I acknowledge that all Drainlayer licenses expire on the 31st of December of the calendar year in which the application or renewal application was received. It is the sole responsibility of the licensed drainlayer to submit a renewal drainlayer application, including all relevant insurance and bond documentation and renewal fee of \$125.

The above statements are hereby understood and acknowledged.

Signature of Owner of Officer

Date

Printed Name