

**Commonwealth of Massachusetts
Town of Wilbraham, Massachusetts
Septic Pumpers License Application**

Permit Number: _____

Date _____

To the Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for a Septage Pumper's License is hereby made by:

(Full name of person, firm or corporation making application.)

(Give location by street and number, and Town with Zip Code.)

(Give Phone number with area code.)

State clearly the purpose for which license is requested. _____

Please state your disposal site: _____

How many years have you been in business? _____

What city or town do you have a license in? _____

Pursuant to M.G.L. Chapter 62C, Sec. 49A, 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 law.

Social Security Number or Federal
Identification Number

Signature of Individual or Corporate Name

This license expires on December 31st of the same year it was issued.

Approved by Edmond W. Miga, Jr., P.E.
Director of Public Works