



Town of Mashpee

Board of Health
16 Great Neck Road North
Mashpee, Massachusetts 02649
(508) 539-1426

APPLICATION FOR PERMIT

(Date)

TO THE LICENSING AUTHORITIES:

In accordance with the provisions of the statutes relating thereto, application for a permit is hereby made by:

NAME: _____
(Full name of person)

TO: _____ Operate as a funeral director within the Town of Mashpee

(Signature)

(Address)

(City/Town/State/Zip Code)

(Mailing Address)

(City/Town/State/Zip Code)

(Home Phone) (Business

Phone)

Fee: \$ 50.00

Social Security Number or Federal ID _____

Permit # _____

Date: _____