



Drain Layers License Application

Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
health@acton-ma.gov

Form H-2

No. _____

Fee Total: _____

FEE: \$230.00 Annually

NAME OF FIRM: _____

ADDRESS: _____

PHONE #: _____

*EMAIL: _____

(Used Only for Renewals)

PROPRIETOR(S)/CORPORATE OFFICERS/PARTNERS:

Pursuant to Mass. General Law Chapter 62C, Section 49A, I certify under the pains and 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.

Name (printed): _____

Signature of Individual: _____

By: _____

Date: _____

Corporate Officer
(if applicable)