



TOWN OF DEERFIELD
Board of Health

PERMIT TYPE: _____

FEE: \$ _____

Name of Applicant: _____ *Date:* _____

Company Name: _____

Address: _____

Telephone Number: _____ *Fax:* _____

Federal Employer Identification Number (required): _____

Signature of Applicant: _____

The Social Security and/or Federal Tax Identification number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This notification is made under the authority of M.G.L. Ch. 62C, Sec. 49A.

All Deerfield residents or property owners must complete this section. The Town of Deerfield reserves the right to deny or revoke any permit to residents that have not provided the requisite information.
This requirement is waived for out of town applicants.

I, _____ the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and that all taxes and fees due the Town of Deerfield have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____, 20 ____.

Signature of Taxpayer

By: Corporate Officer (if applicable)

Collector's Acknowledgement: **By:** _____
Office of the Collector/Treasurer/Town Clerk

Date of Issuance: _____

Mail form with appropriate fee (and make checks payable) to:

Returned check fee is \$25.00.

Town of Deerfield
Board of Health
8 Conway Street
S Deerfield MA 01373

REINSTATEMENT OF LAPSED PERMIT(S) IS DOUBLE THE CURRENT FEE.

For BOH Office Use Only: