

Board of Health

175 CENTRAL STREET
EAST BRIDGEWATER, MA 02333
TELEPHONE: (508) 378-1612
FAX: (508) 378-3946
sabban@eastbridgewaterma.gov

APPLICATION FOR INSTALLERS **NEW LICENSE OR RENEWAL**

Date: _____

Company Name: _____

Name: _____

Address: _____

Mailing Address: _____

Phone Number: _____

EMAIL: _____

FEE: \$150.00 make payable to Town of East Bridgewater

Signature

Federal ID Number/Social Security Number

****You must attach a current certificate of liability from your insurance company****

Do not write in this area for office use only

License Number:

Test Score: