

Town of Seekonk – Board of Health

Portable Restrooms \$10.00 per Restroom

Expires: December 31, 2017



Establishment Information (Location of Restrooms)	
Name:	
Address:	
Phone Number:	
Delivery Date of Restrooms:	
Removal Date of Restrooms	
Number of Units on Premise:	

Applicant Information:	
Name:	
Address:	
City:	
State:	
Zip Code:	
Phone Number:	
Email:	
Social Security Number /FIN:	

I, _____ hereby apply to the Board of Health of the Town of Seekonk, Massachusetts for a license to operate Portable Restrooms.

Pursuant to M.G.L. 62C, sec. 49A, I have certified under the penalties of perjury that I, to the best knowledge and belief, have filed all state tax returns and all state taxes required under law.

Signature of Individual or Corporate Name Date

Signature of Corporate Officer (if applicable)

Office Use Only

Approved:

Signature – Chairman Board of Health