



Town of North Attleboro
 Board of Health
 43 South Washington Street
 North Attleboro, MA 02760

Date rec. _____
 Amount paid \$ _____
 Check # _____
License # SE
 Date issued: _____
 All documents received _____
For office use only

New Renewal license application for:

SOIL SITE EVALUATOR

License valid through: **October 31, 202_**

Fee: \$ 150.00

Your Name:	
Address:	
City, State, Zip:	
Mailing Address (if different):	
Telephone #:	
E-Mail Address:	SSN#:
Your Company's Name (if any):	
Company Address:	
City, State, Zip:	
Company Phone #:	Federal TIN #:

The undersigned hereby applies for a license in the Town of North Attleboro in accordance with the provisions of the General Laws relating thereto and in accordance with the rules and regulations made under authority of those statutes.

- A copy of your current **State of Massachusetts Soil Evaluators License** must be submitted with this application each year.
- All licenses are issued for one year beginning October 31st and are not pro-rated.
- **All new applicants are required to provide copies of three licenses issued from other towns.**
- Make check payable to the Town of North Attleboro and return your application with check to Board of Health.
- A license cannot be issued unless the information requested is complete and the applicant signs the certification statement below.
- Your Social Security (SSN) number is requested under the authority of MGL c.62C §49A and will be furnished to the MA Dept. of Revenue to determine whether you have met tax filing or tax payment obligations. Applicants who fail to correct their federal, state, or local tax delinquency or non-filing obligations will be subject to license suspension, revocation or non-renewal.

I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all required federal and state tax returns and paid all applicable federal, state and Town of North Attleboro taxes required under law.

 Signature of applicant

 Date

 Print name and title