

Fee \$100.00 - 2006

*Commonwealth of Massachusetts
Town of Cohasset
41 Highland Avenue
Cohasset, MA 02025
Drainlayer License Application*

Date _____

To the Licensing Authorities: Sewer Commission

The undersigned hereby applies for a license in accordance with the provisions of the Statutes relating thereto

Full name of person and Firm/Corporation making application

Street City Zip Telephone

State clearly purpose for which license is requested:

Drainlayer License

In accordance with M.G.L. c. 152 Section 25C, your license/permit cannot be issued to you until you show proof of Workmen's Compensation Insurance if required. And have completed the enclosed Commonwealth of Massachusetts Insurance Affidavit.

*in said **Town of Cohasset** in accordance with the rules and regulations made under authority of said Statutes.*

SIGNATURE OF APPLICANT

ADDRESS

Received _____

Please include 3 References; Copies of 3 Drainlayer Licenses Held in other communities and a \$10,000.00 Bond is required in addition to Insurance for Workers Compensation.