



Town Of Newbury

Office of
Board of Health
25 High Road
Newbury, Mass. 01951

Licensing Board
TOWN OF NEWBURY
2010 INSTALLERS PERMIT

FEE \$100

IF YOU WISH THIS LICENSE RENEWED PLEASE DATE, SIGN, NOTE AND
CORRECTIONS AND RETURN IT WITH FEE TO THE LICENSING BOARD, 25 HIGH
ROAD, NEWBURY, MA 01951

DATE:

SIGNATURE:

THE FOLLOWING TAX STATEMENTS MUST ALSO BE COMPLETED BEFORE ANY
LICENSE WILL BE ISSUED.

MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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

*Signature of individual or Corporate Name (Mandatory)

Name:

Company:

Address:

Phone:

**Social Security #(Voluntary) or Federal Identification Number

*This license will not be issued unless this certification is signed by the applicant.

**Your social security 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 request is made under the authority of M.G.L. c62C s.
49A.

TOWN OF NEWBURY

I certify that I have read the Town By-law "Denial, Revocation or Suspension of Local
Licenses for Failure To Pay Municipal Taxes and Charges" and no monies are owed the
Town as described therein.

Date:

Signature: