

**MILLIS BOARD OF HEALTH
FUNERAL DIRECTOR APPLICATION**

Fee: \$125.00

Applicant: _____

Address _____

Definition of service to be provided: _____

Corporation Name (if applicable): _____

Address of Corporation (if different from above): _____

Name/Address of Officers: _____

Partnership Name (if applicable): _____

Address of Partnership (if different from above): _____

Name/Address of Partners: _____

Potential number of employees: _____

Hazardous materials on site? yes no list _____

Description of any other business to be operated on same or adjoining premises:

Please list any licenses (current or expired) by other towns:

Please provide evidence of worker's compensation insurance and a notice from the Treasurer's Office that all Millis taxes are paid.

Social Security Number or Federal ID: _____

I hereby declare, under penalty of perjury, that the foregoing information contained in this application is true and correct, witness my hand and seal dated.

Signature

Date