



Town of Wilmington Board of Health

Application for Funeral Director License - 2015

Fee \$100.00

Date: _____

To the Licensing Authorities:

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

Name: _____

Address: _____

(Full name of person, firm or corporation making application)

GIVE LOCATION AT _____
BY STREET _____
AND NUMBER _____

in said Town of Wilmington, MA, in accordance with the rules and regulations made under authority of said
Statutes.

Signature of Applicant

Address

Telephone #

Fax #

E-mal address

Social Security #

Federal I.D.

Office Use Only	
Date Received:	_____
Amount Paid:	_____
Check Number:	_____
Permit Number:	_____
Received By:	_____
Signature of Treasurer	_____