

**TOWN OF WILMINGTON
WATER AND SEWER DEPARTMENT
121 Glen Road
Wilmington, MA 01887
(978) 658-4711
APPLICATION FOR DRAINLAYER'S LICENSE**

I, _____, DO HEREBY REQUEST RENEWAL OF LICENSE TO ENGAGE IN THE BUSINESS OF DRAINLAYING IN THE TOWN OF WILMINGTON.

1. Home Address: _____ City/Town: _____ Zip _____ Phone: _____

2. Business Name: _____ Phone: _____

Address: _____ City/Town: _____ Zip _____

3. Present Occupation: _____

4. How many years have you had in the drainlaying business and in what capacity? _____

5. Drainlaying References: GIVE 3 **NAMES**, **ADDRESSES**, AND **PHONE NUMBERS**! All must be given to process application.

I am familiar with and will abide by the Rules and Regulations set forth by the Water and Sewer Commission for drainlaying in the Town of Wilmington. Failure to abide by these Rules and Regulations will result in revocation of license.

Date _____ Signature _____

Do you wish to be included on the list of licensed drainlayers that is distributed to residents seeking price quotes from contractors to perform water and or sewer related work at their home? Yes _____ No _____

License Expires Annually on March 31

For Office Use Only

Recommendation: \$100.00 Application Fee _____

Yes _____ No _____ Conditional _____ \$5,000 Bond Status _____

Application Approved By: _____ Workman's Comp Affidavit _____

*Michael J. Woods, Director
Department of Public Works*

*Joseph Lobao, Business & Utility Manager
Anthony Contarino, Construction Inspector*