



AMHERST INSPECTION SERVICES  
4 BOLTWOOD AVENUE • AMHERST • MA • 01002  
Main Office (413) 259-3030 Fax (413) 259-2402  
[www.amherstma.gov](http://www.amherstma.gov)

**APPLICATION FOR SEPTIC INSTALLER'S LICENSE**  
**ANNUAL FEE - \$175.00**  
**\_\_\_New \_\_\_Renewal**

**Business name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Business address** \_\_\_\_\_

**Mailing Address (if different)** \_\_\_\_\_

**Business Fax** \_\_\_\_\_ **Email** \_\_\_\_\_ **Website** \_\_\_\_\_

**Applicant/owner's name** \_\_\_\_\_

**Owner's Phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Emergency Contact's name** \_\_\_\_\_

**Emergency Contact's Phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE APPLICATION:**

- Hoister's License (per M.G.L. c. 146 sec. 53)
- Installer's License (Town of Business License)
- Worker's Compensation Affidavit
- Worker's Compensation Certificate of Insurance (insurance company may fax page directly to 413-259-2402)
- Business License

**Pursuant to M.G.L. CH. 62C Sec. 49A, 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; and that the statements made in this application are true. I agree to abide by the state sanitary code, as well as all terms and conditions set forth by the Board of Health and the Town of Amherst.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Print Name and Title**

\_\_\_\_\_  
**Date**

**Make Check Payable to: Town of Amherst**

**Return to: Amherst Inspection Services  
Attn: License Application  
Town Hall 2<sup>nd</sup> Floor  
4 Boltwood Avenue  
Amherst, MA 01002**