

FEES:
LICENSE FEE:
\$10/YEAR

PAYABLE BY CHECK OR MONEY ORDER TO: CITY OF SPRINGFIELD



SPRINGFIELD DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
311 STATE STREET
SPRINGFIELD, MA 01105
PHONE: (413) 787-6740 FAX: (413) 787-6458

PER TRAILER:
\$6/PER MONTH

APPLICATION FOR TRAILER COACH PARK/PERMIT

IN ACCORDANCE WITH CHAPTER 140, SECTION 32A-32E GENERAL LAWS, AND REGULATION THEREUNDER, THE UNDERSIGNED HEREBY APPLIES FOR A TRAILER COACH PARK PERMIT:

***** PLEASE TYPE OR PRINT*****

DATE: _____

NAME OF ESTABLISHMENT: _____

ADDRESS: _____

NAME OF OWNER: _____

NAME OF CORPORATION: _____

MAILING ADDRESS: _____

STREET CITY STATE ZIP CODE

IF CORPORATION OR PARTNERSHIP GIVE NAME, TITLE, TELEPHONE NUMBER AND HOME ADDRESS OF OFFICERS OR PARTNERS.

NAME	TITLE	HOME ADDRESS	TELEPHONE#
_____	_____	_____	_____
_____	_____	_____	_____

STATE OF CORPORATION: _____

LOCAL AGENT OR MANAGER INFORMATION:

NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

OF UNITS: _____

WATER SOURCE: PUBLIC () PRIVATE ()

SEWAGE AND WASTE WATER DISPOSAL: PUBLIC () PRIVATE ()

TRASH DISPOSAL: PUBLIC () PRIVATE ()

IF PRIVATE HAULER IS USED FOR TRASH DISPOSAL PROVIDE:

NAME: _____ TELEPHONE #: _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

Pursuant TO M.G.L. CHAPTER 62C, SECTION 49A, I CERTIFY UNDER THE PENALTIES OR PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

SOCIAL SECURITY # OR FEDERAL I.D. #

CORPORATE NAME/SIGNATURE OF APPLICANT

BY: _____ CORPORATE OFFICER (IF APPLICABLE)