



Department of Municipal Licenses and Inspections

Mary E. McGrath, R.S., Director
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Joseph C. Sullivan
Mayor

2009 FUNERAL DIRECTORS PERMIT RENEWAL APPLICATION

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

ESTABLISHMENT TELEPHONE NUMBER: _____

OWNER'S NAME: _____

LIST EACH FUNERAL DIRECTOR:

PERMIT FEE \$100.00 (EACH DIRECTOR)

TOTAL ENCLOSED: _____

I, the undersigned applicant, certify that all of the information contained in this application is true and correct.

Signature of Applicant: _____

Date: _____