



**TOWN OF FREETOWN**  
**OFFICE OF THE**  
**BOARD OF HEALTH**

3 North Main St.  
PO Box 438 – Assonet, MA 02702  
508.644.2202

**APPLICATION FOR A PUMP AND TRANSPORT LICENSE**  
Effective October 15, 2007

Business Name: \_\_\_\_\_ Year/Date to be used: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Licensee's Social Security or F.I.D. Number (9 digits): \_\_\_\_\_

Date of Application: \_\_\_\_\_

Pursuant to Chapter 62C, Section 49A and Chapter 40, Section 57 of MA General Laws, and Article 52 of the Warrant for the Annual Town Meeting convened on May 4, 1992, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and have paid all State and Local taxes returned under law.

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Signed under the pains and penalties of perjury:

\_\_\_\_\_  
Signature of Individual or Corporate Name

Business Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
By: \_\_\_\_\_

Corporate Office (if applicable)

\_\_\_\_\_  
Social Security Number of F.I.D. #

**PLEASE COMPLETE THE REVERSE SIDE OF THIS LICENSE**

**OFFICE USE**

Fee: \$200.00

Check #: \_\_\_\_\_

Date: \_\_\_\_\_

License #: \_\_\_\_\_

Pumpappl

## PUMP AND TRANSPORT

Please contact the Board of Health at 508.644.2202 between the hours of 8:00am and 4:pm, Monday through Friday, to arrange for an inspection of your vehicles. Inspection of your trucks must be performed before your license is granted. The foregoing renewals are made pursuant to General Laws Chapter III, Section 31A and Regulation 2.3.  
Thank you for your cooperation.

**List the make of truck, registration number and capacity (gallons)**

Truck Make	Registration Number	Capacity (gallons)

Name of Business and Address:

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Manager: \_\_\_\_\_ Owner: \_\_\_\_\_

Inspected by: \_\_\_\_\_ Date of inspection: \_\_\_\_\_  
Board of Health Agent