

HEALTH DEPARTMENT

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STEVE SUPINO
EXECUTIVE DIRECTOR OF
HEALTH & HUMAN SERVICES

**CITY OF EVERETT
MASSACHUSETTS**



BOARD OF HEALTH

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MEMBER

**Application for Funeral Director License
(Pursuant to MGL ch.114, s.49)**

_____ New _____ Renewal

Fee: \$100.00

Date: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone No.: _____

Applicant's MA License Number: _____

Place of Employment (Funeral Home Name): _____

Funeral Home Address: _____

Funeral Home Telephone No.: _____

Pursuant to M.G.L. Chapter 62C section 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.

Signature of Applicant