

The Commonwealth of Massachusetts

**Town of Ludlow
Board of Health**

APPLICATION FOR FUNERAL DIRECTORS LICENSE

_____20_____

To the Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for a License is hereby made by

Name _____
(Full name of Business)

(Business Location by street and number)

Funeral Director's Name _____

Business Telephone _____ Date of Appointment _____

Whether engaged in any other location _____

(Signature of applicant)

(Home Address)

Permit issued May 1, 20_____

Any false statement made by the Applicant knowing of its falsity or made without taking reasonable steps to determine its truth, or any incomplete or illegible information shall be grounds for refusing to grant the license or permit, or for suspending, canceling or revoking a license or permit already properly granted.

I certify under the penalties of perjury that, to my best knowledge and belief, the information provided in this application is true and correct.

*Signature of Individual

*This license will not be issued unless this certification clause is signed by the applicant.