45 Railroa Lee, MA (		Tri-To	Application for Healt Towns of Lee, Len	P. (413) 243-5540 F. (413) 243-5542	
		nit Application			
6	NI				
Owne	er First Name: _			Owner Last Name:	
Manager First Name:				Manager Last Name:	
Ma	iling Address:			Facility Address:	
Bu	- siness Phone:			Tax ID Number:	
-					
				_	
C					
Type of Chemical Treatment: Nu					uards:
**************************************			*****with th	Certificates MUST be Submit is Application********** Seasonal Dates of Oper	ation:
Water Source:		Public		Private	
Sewage Disposal:		Public		Private	
Fee Sch	edule				
Pool Type Indoor Outdoor Spa	Quantity	Fee \$65.00 \$65.00 \$65.00	Implementation 1/1/2014 1/1/2014 1/1/2014	Check Amount:	
				Please make checks Payable to EAC applying for lic	•
		all stat	e tax returns and pa	ies of perjury that I, to the best of my kno id all state taxes required under law.	-
5		ure of Corpora			
Pa	-	with Applicat	Date: ion. A \$35.00 Late F	ee will be Assessed if Application is not fees to the Tri-Town Health Department	

\*As of May 1st 2015 an e-mail address is required to process every application.