



**Board of Health  
Town of Southwick**

454 College Highway, Southwick, MA 01077

Phone (413) 569-1212

Fax (413) 569-5284

Dear Licensee:

The permit required for your business is indicated below. **YOU MUST COMPLETE, SIGN, AND PRESENT OR MAIL THIS FORM WITH YOUR REMITTANCE IN ORDER TO RECEIVE YOUR PERMIT.** The Board of Health office is located on 454 College Highway, and office hours are Monday through Friday, 8:30 am to 4:30 pm.

Thank you,  
Southwick Board of Health

**INSTALLER'S PERMIT.....\$125.00**

Name of Business: \_\_\_\_\_

Phone: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address if different from business address: \_\_\_\_\_

Email: \_\_\_\_\_

**\*ALL ANNUAL PERMITS EXPIRE DECEMBER 31**

**\*\*PAYMENT IS DUE WITH THE APPLICATION**

Signature of Owner or Applicant and Title: \_\_\_\_\_

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

BOH Office Use Only

Permit # \_\_\_\_\_ Fee \_\_\_\_\_ Date Received \_\_\_\_\_ Check # \_\_\_\_\_ App. by TCC \_\_\_\_\_