



# Town of Franklin

HEALTH DEPARTMENT

355 East Central Street

Franklin, Massachusetts 02038-1352

No. \_\_\_\_\_

Fee \$30.00

## APPLICATION FOR PERMIT TO OPERATE A CLEANERS/LAUNDROMAT

Application is made for a Permit to operate a Cleaners/Laundromat establishment in accordance with the Rules and Regulations adopted by the Franklin Board of Health, January 7, 1976, under the provisions of Section 31 of Chapter III of the General Laws.

\_\_\_\_\_  
Full Name of Applicant

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

If applicant is a partnership, full name and residences of all partners.

\_\_\_\_\_  
Name and Address

\_\_\_\_\_  
Name and Address

\_\_\_\_\_  
Name and Address

If applicant is a Corporation \_\_\_\_\_

State of Incorporation \_\_\_\_\_

Full Name and Address of \_\_\_\_\_

President \_\_\_\_\_

Treasurer \_\_\_\_\_

Clerk \_\_\_\_\_

How will Hazardous Materials be stored? \_\_\_\_\_

Place where Hazardous Materials will go \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_

Owner/Operator

Address \_\_\_\_\_

City and State \_\_\_\_\_

Date \_\_\_\_\_