



**Form H**  
**Vehicle Permit or Professional License**  
**Lincoln Board of Health**

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

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

Name of Owner \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Type of Permit	Applicable Laws	Fee
<b>Vehicle Permits (Please <math>\checkmark</math> one &amp; complete other side of this form).</b>		
<input type="checkbox"/> Mobile Food Unit	105 CMR 590.000	\$25
<input type="checkbox"/> Food Service Pushcart		\$25
<input type="checkbox"/> License to Deliver Milk - Milk Truck	MGL Ch. 94, s. 41	\$2
<input type="checkbox"/> Permit to Remove & Transport Septage	310 CMR 15.502	\$25
<input type="checkbox"/> Permit to Remove & Transport Refuse	MGL Ch. 111, s. 31A, BOH Reg	\$25
<b>Professional Licenses (Please <math>\checkmark</math> one)</b>		
<input type="checkbox"/> Disposal Works Installer's License	310 CMR 15.019	\$25

I, the undersigned, hereby apply to the Lincoln Board of Health for the above-referenced permits in accordance with the listed applicable laws. 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 as required under law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
SS# or FID#

\_\_\_\_\_  
By: Corporate Officer

\_\_\_\_\_  
Date of Application

Description of Vehicles						Office Use Only	
Plate #	Year	Make	Model	Body Type	Color	Insp.	Perm. #

**Permit will not be issued unless certification clause is signed by applicant. Social security numbers will be furnished to Mass. Dept. Of Revenue to determine whether applicant has met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made in accordance with MGL Ch. 62C, s. 49A.**