

**LEICESTER WATER SUPPLY DISTRICT
APPLICATION FOR DRAIN LAYERS LICENSE**

Date: _____

Annual Fee: _____ \$50.00

Company Name: _____

Street: _____

City or Town : _____ State _____ Zip _____

Tel: _____ Cell: _____

Company Structure:

Give names and residences of all persons having any financial interest in this company. In case of a corporations, give names of officers and directors; in case of a partnership, give names of all partners.

Attach sheet if necessary.

Experience: If currently licensed drain layer in other municipalities, Provide copy (if Master Plumber, give Certificate Number).

State experience and number of years in this type of business

Record of last five jobs, this type of work. Performed work for:

NAME _____ ADDRESS _____

_____	_____
_____	_____
_____	_____
_____	_____

Regulations: Applicant agrees to abide by all lawful regulations for the installation and connection of Building Sewers in the Leicester Water Supply District and understands that if application is approved, a \$10,000.00 performance bond and certificate of adequate insurance (public liability \$100,000./\$300,000 ., property damage liability \$50,000./\$100,000.) must be furnished before license is issued.

SIGNATURE OF AUTHORIZED OFFICIAL