



**TOWN OF OXFORD
SEWER ENTERPRISE
APPLICATION FOR DRAINLAYERS LICENSE**

N A M E	EFFECTIVE DATE		ANNUAL FEE	\$50.00
	COMPANY NAME			
	ADDRESS			
	PHONE			
C O M P A N Y	GIVE NAMES AND ADDRESSES OF ALL PERSONS HAVING FINANCIAL INTEREST IN THIS COMPANY. IN CASE OF A CORPORATION, GIVE NAMES OF OFFICERS AND DIRECTORS. IN CASE OF A PARTNERSHIP, GIVE NAMES OF ALL PARTNERS. (ATTACH SHEET IF NECESSARY).			
R E F E R E N C E S	IF CURRENTLY A LICENSED DRAINLAYER IN OTHER, MUNICIPALITIES, LIST (IF MASTER PLUMBER: GIVE CERTIFICATE NUMBER)			
	STATE YOUR EXPERIENCE AND NUMBER OF YEARS IN THIS TYPE OF BUSINESS.			
E X P E R I E N C E	PLEASE GIVE NAME AND ADDRESS OF LAST FIVE SEWER RELATED JOBS DONE, AND FOLLOW UP WITH CORRESPONDING LETTERS FROM GOVERNING AGENCY. (TOWN, DISTRICT ETC.)			
	NAME		ADDRESS	
R E G U L A T I O N	APPLICANT AGREES TO ABIDE BY ALL LAWFUL REGULATIONS FOR THE INSTALLATION & CONNECTION OF BUILDING SEWERS IN THE TOWN OF OXFORD & UNDERSTANDS THAT IF APPLICATION IS APPROVED, A \$5,000 PERFORMANCE BOND & 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 APPLICANT		(DATE)		