

		<b>TOWN OF OXFORD</b> <b>SEWER ENTERPRISE</b> <b>APPLICATION FOR DRAINLAYERS LICENSE</b> <b>dpwpermits@oxfordma.us</b>		<b>OFFICE USE ONLY:</b> CK# RECEIVED DATE: ISSUED DL#	
N A M E	COMPANY NAME				Annual Fee \$50.00
	ADDRESS				
	PHONE				
	EMAIL				
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.) (ATTACH SHEET IF NECESSARY).				
	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. <b>A \$5,000 PERFORMANCE BOND &amp; CERTIFICATE OF ADEQUATE INSURANCE (PUBLIC LIABILITY \$100,000/\$300,000, PROPERTY DAMAGE LIABILITY \$50,000/\$100,000, MUST BE PROVIDED WITH APPLICATION BEFORE LICENSE IS ISSUED.</b>				
	SIGNATURE OF APPLICANT (DATE)				