



TOWN OF CHILMARK
CHILMARK, MASSACHUSETTS

Board of Health

401 Middle Road
Post Office Box 119
Chilmark, MA 02535
Tel: (508) 645-2105
Fax (508) 645-2110
E-mail: boh@chilmarkma.gov
Hours: 9am to 2pm, M-F

Permit #: _____

Permit Fee: \$100.00
Paid: _____

APPLICATION FOR LICENSE TO APPLY FERTILIZER

Company: _____

Mailing Address: _____

Contact Person: _____

Phone: _____ E-mail: _____

Individuals working under this license: _____

Please attach a copy of the Certificate of Completion of the Fertilizer Class to your application.

The undersigned hereby agrees to comply with the Town of Chilmark Board of Health Regulations:

Signature of Applicant: _____

License expires: _____

Board of Health Approval: _____ Date: _____