

TOWN OF WINCHENDON



Board of Health

Telephone (978) 297-3537
Facsimile (978) 297-1616

109 Front Street
Winchendon, Massachusetts 01475-1758
**APPLICATION FOR LICENSE
FUNERAL DIRECTOR**

Establishment name and phone #:

Address: _____

Name and date of appointment of director:

Whether engaged in any other location:

Number of years in business: _____

Please attach a check or money order payable to The Town of Winchendon for \$50.00

Signature of applicant: _____ Date: _____