

TOWN OF NORTH ANDOVER
Office of COMMUNITY DEVELOPMENT AND SERVICES
HEALTH DEPARTMENT



Susan Y. Sawyer, REHS/RS
Public Health Director

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APPLICATION FOR:
FUNERAL DIRECTOR'S LICENSE

DATE _____

The undersigned hereby makes application for a license as a Funeral Director in North Andover:

- Name (please print): _____
- Signature: _____
- Federal I.D. #: _____
- Date of Appointment: _____
- Name of Business: _____
- Location of Place of Business: _____
- Whether engaged in any other location (Please list): _____
- Contact Phone Numbers: _____

Annual Funeral Director License Fee: \$125.00 per establishment

Payable to: Town of North Andover. **LATE FEE AFTER APRIL 30TH WILL BE DOUBLED TO \$250.00**

*Please note that all contact information and the associated fee is required upon application submittal.