



TOWN OF LUDLOW

HEALTH DEPARTMENT

488 Chapin Street
Ludlow, MA 01056
(413) 583-5600 ext. 1271 TEL
(413) 583-5689 FAX



Public Health
Prevent. Promote. Protect.

Application for Funeral Director License

Fee: \$100.00

Name of Business: _____ Business Address: _____

Phone Number: _____ E-mail Address: _____

Mailing Address (if different): _____

Funeral Director's Name: _____

Funeral Director's Phone Number: _____ Home Address: _____

Engaged in Any Other Location (if yes, name of business): _____

Date of Appointment: _____

Refer to MGL C114 Sec 49

License expires April 30th of the following year.

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with all applicable rules and regulations. I agree to allow the Health Department or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

Name: _____ Signature: _____

Date: _____

*****Any renewal applications received after April 30th will be subject to a 50% late fee.**