



Town of Ludlow Board of Health  
488 Chapin Street  
Ludlow, Ma 01056  
(413) 583-5600 x1271

**Application for Funeral Directors License**

Name of Business: \_\_\_\_\_ Date: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing (if Different): \_\_\_\_\_ Email: \_\_\_\_\_

Funeral Director's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Engaged in Any Other Location: \_\_\_\_\_

**Refer to MGL C114 Sec 49**

\*\*\*Any renewal application received after April 30<sup>th</sup> will be subject to a 50% late fee.

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 Board of Health 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.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\*License Expires April 30<sup>th</sup> of the Following Year

License Fee: \$150.00 (cash or check) Payable to: Town of Ludlow

DEPARTMENT HEAD

**FOR OFFICE USE ONLY**

DATE

APPROVED DENIED

NOTES: