

**Town of Sandwich**  
The Oldest Town on Cape Cod



**Health Department**  
16 Jan Sebastian Drive  
Sandwich, MA 02563  
(508) 888-4200  
Fax: (508) 833-0018

**2022**  
**APPLICATION FOR**  
**FUNERAL DIRECTOR LICENSE**

Application Status: Renewal / New  
(Circle one)

Business Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner/Corporation Name: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Corporation Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

\*\*\*\*\*

**Important:** Under Chapter 152, Section 25c, Subsection 6, you must complete the attached  
**Workers Compensation Insurance Affidavit Form and return it with this completed  
application, no later than January 1, 2022.**

Checks are to be made payable to the **Town of Sandwich** for \$100.00

\*\*\*\*\*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_