

**LEICESTER WATER SUPPLY DISTRICT  
APPLICATION FOR DRAIN LAYERS LICENSE**

Date: \_\_\_\_\_

Annual Fee: \_\_\_\_\_ \$50.00

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City or Town : \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

**Company Structure:**

Give names and residences of all persons having any financial interest in this company. In case of a corporations, give names of officers and directors; in case of a partnership, give names of all partners.

Attach sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experience: If currently licensed drain layer in other municipalities, Provide copy (if Master Plumber, give Certificate Number).

State experience and number of years in this type of business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Record of last five jobs, this type of work. Performed work for:

NAME	ADDRESS
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_____	_____
_____	_____
_____	_____
_____	_____

Regulations: Applicant agrees to abide by all lawful regulations for the installation and connection of Building Sewers in the Leicester Water Supply District and understands that if application is approved, a \$10,000.00 performance bond and certificate of adequate insurance (public liability \$100,000./\$300,000 ., property damage liability \$50,000./\$100,000.) must be furnished before license is issued.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED OFFICIAL