



Town of Rowley

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Board of Health

APPLICATION

Center School Municipal Annex
39 Central Street, P.O. Box 783
Rowley, Massachusetts 01969

Funeral Director License

Business Name: _____ Date: _____

Applicant Name: _____

Business Address: _____

Phone: _____ Fax: _____ Mobile: _____

E-mail Address: _____

Massachusetts Directors License Number: _____

The following must be submitted with this application:

1. License Fee: \$100.00, Payable to the Town of Rowley (renewable annually on or before January 1).
2. A Completed: SIT-62C Form.

I certify that the information I have provided above is true and accurate. I agree to conduct my business in accordance with the rules, regulations, and /or special condition(s) imposed by the Rowley Board of Health.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE
TO BE COMPLETED BY BOARD OF HEALTH

GRANTED ☐

Date: _____

DENIED ☐

Reason: _____