

**TOWN OF HINGHAM  
COMMONWEALTH OF MASSACHUSETTS  
APPLICATION FOR DRAINLAYER'S LICENSE**



The undersigned hereby applies for a license as a Master Drainlayer as per the Sewer Rules and Regulations of Hingham, MA.

Business Name: \_\_\_\_\_

Applicant: \_\_\_\_\_

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

Email: \_\_\_\_\_

Hoisting Lic. No. \_\_\_\_\_ Hoisting Lic. Exp. Date: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Office) (Cell)

and in consideration of such license the Town of Hingham is exonerated from all liability growing out of this license, and hereby agrees to save the Town harmless from any damage upon doing any work under this license, and, further, that I will in all respects conform to the Rules & Regulations established by the Board of Sewer Commissioners.

**License Application:** \_\_\_\_\_  
Date Signature of Applicant

**LICENSE REQUIREMENTS**

*Please include copies of the insurance certificates listed below:*

- |   |                              |                       |
|---|------------------------------|-----------------------|
| <input type="checkbox"/> General Liability            | \$1,000,000 (Ea. Occurrence) | Expiration Date _____ |
| <input type="checkbox"/> Fire Damage                  | \$ 100,000                   | Expiration Date _____ |
| <input type="checkbox"/> Auto Combined Single         | \$ 500,000                   | Expiration Date _____ |
| <input type="checkbox"/> Worker's Comp                | \$ 100,000                   | Expiration Date _____ |
| <input type="checkbox"/> Workers Comp Affidavit       |                              | Date Signed: _____    |
| <input type="checkbox"/> Performance & Guarantee Bond | \$ 1,000                     | Expiration Date _____ |

**LICENSE FEE**

*Please enclose a check made payable to the **Hingham Sewer Commission** along with this application.*

- License Renewal Fee \$200.00       New License Fee\* \$200.00

\*NEW APPLICANTS MUST PROVIDE THREE WORK REFERENCES WITH THIS APPLICATION (SEE PART FOUR – PAGE 2).

**APPROVED BY:**

\_\_\_\_\_  
Date Sewer Supervisor

**LICENSE ISSUED BY BOARD OF SEWER COMMISSIONERS    LICENSE # \_\_\_\_\_**

PLEASE RETURN THIS APPLICATION AND APPROPRIATE FEES AND PAPERWORK TO: **TOWN OF HINGHAM  
OFFICE OF THE SEWER COMMISSION  
25 BARE COVE PARK DRIVE  
HINGHAM, MA 02043**

RETURN BY JULY 1, 2022. FOR QUESTIONS, CALL: 781-741-1430.

  
**TOWN OF HINGHAM**  
**COMMONWEALTH OF MASSACHUSETTS**  
**APPLICATION FOR DRAINLAYER'S LICENSE – PART 2**

**1. NO. OF YEARS IN BUSINESS:** \_\_\_\_\_

**2. PLEASE INDICATE TOWNS AND CITIES YOU CURRENTLY HOLD A DRAINLAYER'S LICENSE IN:**

_____	_____
TOWN/CITY	LICENSE NUMBER
_____	_____
TOWN/CITY	LICENSE NUMBER
_____	_____
TOWN/CITY	LICENSE NUMBER

**3. LIST ADDITIONAL TYPES OF LICENSES HELD (Driver's License, Hoisting License, etc) ALONG WITH THE LICENSE NUMBER:**

_____	_____
LICENSE TYPE	LICENSE NUMBER
_____	_____
LICENSE TYPE	LICENSE NUMBER
_____	_____
LICENSE TYPE	LICENSE NUMBER

**4. PLEASE PROVIDE THREE WORK REFERENCES FROM BUSINESSES OR TOWNS YOU HAVE RECENTLY COMPLETED WORK FOR BELOW:\***

_____	_____	_____
NAME	COMPANY	TELEPHONE
_____	_____	_____
NAME	COMPANY	TELEPHONE
_____	_____	_____
NAME	COMPANY	TELEPHONE

**5. PLEASE LIST OWNED EQUIPMENT SUCH AS TRUCKS, BACKHOES, EXCAVATORS, ETC.**

**6. LIST MAJOR JOBS YOU HAVE COMPLETED:**