

COMMONWEALTH OF MASSACHUSETTS

**TOWN OF SHARON
BOARD OF HEALTH**

**APPLICATION FOR LICENSING OF A TEMPORARY
PORTABLE CHEMICAL TOILET**

Fee
\$25.00

License requested by: _____
Name

Address

For a Temporary Portable Chemical Toilet:

Location of Toilet: _____

Reasons Toilet Needed _____

Dates Temporary Toilet Needed: _____

Toilet will be serviced by: _____
Name/address/telephone number of company

Frequency of servicing: _____

Local Agent: _____
Name/Telephone Number