

FEE: _____ DATE: _____ LICENSE #: _____

FOXBOROUGH DEPARTMENT OF PUBLIC WORKS DRAIN LAYER'S LICENSE

Name of Company: _____

Contact: _____

Address: _____

Phone #: _____

Does hereby request a license to install sanitary drains in the Town of Foxborough, Massachusetts.

The following information is submitted as requested:

a) **Number of people on full-time employment:** _____

b) **Experience:**

c) **Description of Equipment:**

d) **References:**

Name	Phone
_____	_____
Name	Phone
_____	_____
Name	Phone
_____	_____

In consideration of the granting of this license, the undersigned agrees:

- 1) To accept and abide by all provisions of the Rules and Regulations of the Department of Public Works of the Town of Foxborough and all other pertinent rules and regulations, that may be adopted in the future. All material used in connection with this License will meet all Town of Foxborough specifications.

- 2) To submit a copy of Certificate of Insurance in accordance with the provisions in the rules and regulations, with a one-year minimum expiration date.
- 3) Work requiring a Road Opening Permit will require the posting of a Performance Bond in accordance with the provisions in the rules and regulations, with a one-year minimum expiration date.
- 4) To notify the Department of Public Works of any changes or additions to this application and cooperate at all times with the Director and his representatives.
- 5) To be held liable for all work done for a period of one year from the date of completion.
- 6) License shall expire in conjunction with the expiration of Certificate of Insurance and/or Performance Bond.
- 7) Have the Indemnification form signed and notarized.

Signed: _____

Address: _____

Application approved and License granted - Date: _____

License Number

Director of Public Works

INDEMNIFICATION:

The Contractor shall defend, indemnify and hold harmless the Town of Foxborough officers, agents, and all employees from and against any claims, damages, losses and expenses, including attorney's fees arising directly or indirectly from the performance of the work which is described or otherwise addressed in the attached permit, provided that any such claims, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to, or destruction of tangible property; including the loss of use resulting there from; and is caused whole or in part by any negligent or willful act or omission of the Contractor and/or Sub-Contractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable. Contractor shall be solely responsible for all local taxes or contributions imposed or required under the Social Security, Workers' Compensation, and income tax laws.

Contractor

The Contractor's signature is to be witnessed by a Notary Public who shall duly notarize this form.

Date

Notary Public

Commission Expires