



City of Boston Inspectional Services
Auto Shop Enforcement
Application

Business Information

Shop Type

Name: _____

Auto Body Auto Repair

Address: _____

Auto Sales Auto part/Accessories

Phone: _____ (primary)

Gas Station Parking Facility

Phone: _____ (alternate)

Other _____

Permit Information
(Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> BFD Annual | <input type="checkbox"/> BFD Flammable Storage | <input type="checkbox"/> Business Certificate |
| <input type="checkbox"/> Class Two License | <input type="checkbox"/> Occupancy Permit | <input type="checkbox"/> Site Cleanliness License |
| <input type="checkbox"/> Use of Premises | <input type="checkbox"/> Workers Comp. Insurance | <input type="checkbox"/> Others _____ |

Owner Information

Hazmat-Waste Removal Co. Information

Company: _____

Company: _____

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Phone: _____

Phone: _____

*Please return this application with a check for \$100 permit fee, payable to City of Boston.
1010 Massachusetts Avenue 4th Floor
Boston, MA 02118