



**TOWN OF CHARLEMONT
BOARD OF HEALTH**

P.O. Box 465
Charlemont, MA 01339
Phone: (413) 339-4335 FAX: (413) 339-0320

Fee
\$ 80.00

Application for Permit to Operate a Hotel / Motel / Lodging House Establishment

Date: _____

_____ New Establishment _____ Change of Name _____ Change of Ownership

Establishment Name: _____

Establishment Address: _____

Mailing Address (if different): _____

Phone Number: _____ Fax Number: _____

Name & Title of Applicant: _____

Name of Owner (if different from applicant): _____

Name of Local Manager: _____

If corporation or partnership, give name, title & home address of offices or partners.

<u>Name</u>	<u>Title</u>	<u>Home Address</u>

State of Incorporation: _____ Name & Address of Local Agent: _____

Emergency Response Person: Name: _____ Home Phone: _____

Operations currently conducted in your establishment (please check all that apply):

No. of Rooms _____ No of Efficiencies _____ No. of Apartments _____ Food Service _____

Swimming Pool _____ Hot Tub _____ Tanning _____ Massage _____

Additional Information

Water Source: _____ Municipal _____ Private Sewage Disposal: _____ Municipal _____ Private

Signature of Applicant

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number or Federal Identification Number

Signature of Individual or Corporate Name

by

Corporate Officer (if applicable)

For Board of Health Use Only

Date Received

Date Inspected

Approved By

Permit # Issued