



HOTEL/MOTEL PERMIT APPLICATION
FOR MELROSE BOARD OF HEALTH USE ONLY
 MAKE CHECKS PAYABLE TO CITY OF MELROSE
 (\$8.00 per room, min \$24, max \$160)
 Permit is valid June 1-May 31, all applications need to be submitted with payment by May 31st.

1) Establishment Name:	
2) Establishment Address:	
3) Establishment Mailing Address (if different):	
4) Establishment Telephone No:	5) Establishment Fax No:
6) E mail (all correspondence will be via email, you are required to provide an email address):	
7) Owner Name & Title:	
8) Owner Home Address:	
9) Owner Telephone No:	10) 24 Hour Emergency No:
11) Establishment Owned By: Association Corporation Individual Partnership Other, specify:	
12) If a corporation or partnership, give name, title, and home address of officers or partner.	
<u>Name</u>	<u>Title</u>
<u>Home Address</u>	
13) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)	
Name & Title:	
Emergency Telephone No:	
14) Number of rooms:	
15) Is there a swimming pool?	
16) Is there a Jacuzzi?	
17) District or Regional Supervisor (if applicable)	
Name & Title:	
Address:	
Telephone No:	Fax:

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

26) Signature of Applicant: _____

27) Social Security Number or Federal ID: _____

28) Signature of Individual or Corporate Name: _____

- Completed Hotel/Motel Permit Application**
- Workers compensation form**
- Fee made payable to City of Melrose**