

Methuen Health Department
90 Hampshire Street
Methuen, MA 01844
Telephone: 978-983-8655 Fax: 978-983-8988

Fee: \$125.00	Expires:
Late Fee: \$10.00/day	Permit: #
Date Paid:	

APPLICATION FOR *MOTEL, HOTEL, LODGING, AND ROOMING HOUSE* PERMIT

ESTABLISHMENT MANAGER

Full Name:		Telephone:
Mailing Address: Street name and number	City:	State and Zip Code:

ESTABLISHMENT NAME AND LOCATION

Establishment Name:		Telephone:
Location Address:		
Mailing Address: Street name and number	City:	State and Zip Code:

OWNER OF ESTABLISHMENT

Full Name:		Telephone:
Sole Proprietor:	Partnership:	Trust: Corporation:
Mailing Address: Street name and number	City:	State and Zip Code:

If corporation or partnership attach names, titles and home addresses of officers:

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Total number of rooms/units: _____ Total number of units with kitchenettes: _____

Name, address and telephone number of a person to contact in case of emergency:

Rubbish hauler name and address:

Pesticide applicator name and address:

I understand that I must comply with the M.G.L. and all state and local regulations governing lodging establishments and that the issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or licenses required by any local, state, federal or other regulatory agency.

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

Social Security No. or Tax Identification Number:	
Signature of Individual:	Date Signed:

If applicable - Corporate Name:	Signature of Corporate Officer: Title:

Payment shall accompany this application and please make check or money order payable to the "City of Methuen."