

Community Name

LODGING ESTABLISHMENT PERMIT APPLICATION _CIS

All Lodging Establishment, including hotels, motels, trailer parks, family campground, boarding or rooming houses, dormitories, bed and breakfasts or lodging rentals in homes for less than 30 days require a current Lodging Permit.

New Application with New/Upgrade Form Renewal Application Late Application Revised Application

BUSINESS CONTACT INFORMATION

Note: Any change in ownership or operations requires a new permit application and filing fee. *Required Information.

*Applicant/Requester	*Property Owner
*Business Name	*Site Address
*Mailing Address	Assessor Map/Lot #
*Phone Fax	*24/7 Contact Person
*E-mail	*24/7 Phone

FACILITY INFORMATION

Note: Any changes or upgrades to the facility, pool, or kitchen must first be approved. Complete the appropriate "New/Upgrade" Application.

*Capacity: Number of Bedrooms & Trailers	<input type="checkbox"/> Small 1- 3 <input type="checkbox"/> Medium 4 - 9 <input type="checkbox"/> Large 10 – 25 <input type="checkbox"/> Extra Large 26 +	*Maximum # of Lodgers or Guests	*Number of Floors
*Drinking Water	<input type="checkbox"/> Public <input type="checkbox"/> Private (water test attached)	Ice Supplier	<input type="checkbox"/> Vendor _____ <input type="checkbox"/> Ice Machine
*Sewage Disposal	<input type="checkbox"/> Public <input type="checkbox"/> Private (must pump regularly)	*Garbage/Trash	<input type="checkbox"/> Contractor _____ <input type="checkbox"/> Transfer Station
*Smoke/CO Detectors	<input type="checkbox"/> None <input type="checkbox"/> Hardwired <input type="checkbox"/> Battery Operated	*ADA Accessible	<input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Yes, total
Air Conditioning	<input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Yes, total	*Back-up Power	<input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Yes, total

OPERATIONS INFORMATION

Note: All Lodging Operations serving PH Food require a Food Establishment Permit. Swimming pools or spas also require a Pool Permit.

<p>*Check the 1 Box that best describes your Establishment/Operations:</p> <input type="checkbox"/> Bed and Breakfast <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Inn <input type="checkbox"/> Family Campground <input type="checkbox"/> Rental Trailer Park <input type="checkbox"/> Rooming House <input type="checkbox"/> Boarding House <input type="checkbox"/> Dormitory <input type="checkbox"/> Rental Housing <input type="checkbox"/> Non-Owner Housing Registration <input type="checkbox"/> Casual Lodging: rentals occasionally during the year <input type="checkbox"/> Other, describe _____	<p>*Type of foods prepared, sold or served. Check all that apply:</p> <input type="checkbox"/> None <input type="checkbox"/> Yes, must complete Food Establishment Application <input type="checkbox"/> Continental Breakfast <input type="checkbox"/> Snacks <input type="checkbox"/> Full Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Menu attached if serving Potentially Hazardous Food -PHF <input type="checkbox"/> Other, Describe: _____
<p>*Check the 1 Box that best describes your Permit request:</p> <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal (5 months or less) <input type="checkbox"/> Temporary (14 days or less) <input type="checkbox"/> Casual Lodging (occasionally during the year) <input type="checkbox"/> Rental Registration <input type="checkbox"/> Certificate of Compliance <input type="checkbox"/> Temporary Certificate of Compliance	<p>*Dates of Operation:</p> <input type="checkbox"/> Annual <input type="checkbox"/> Other Dates: _____ Days: _____
<p>*On-Site Manager Name: _____</p>	<p>*Phone Number _____</p>

FEES

1. Basic Fee must accompany application and is not refundable or transferrable. **Call for current Fee Schedule.**
2. All permits expire December 31 unless otherwise stated and must be renewed at least 60 days before expiring or the start of operations.
3. Applications received after December 1 or less than 60 days before starting operations will be charged a late fee of \$50 for each week late.

*Basic Fee	\$ 125	*Late Fee	\$50
*Additional Fees	\$ _____	*Total Fee Paid	\$ _____

AGREEMENT

- *I affirm that I will comply with all state and local codes and allow the Board of Health access for inspections as required by law.
- *By checking this box and signing this application I certify that I comply with M.G.L c. 152, s.25(c), Workman's Comp Laws
- *I affirm that before updating or making changes to my facility, staff or operations; I will obtain permission and inspections from the Health, Building and Fire Departments as required by law.
- *By submitting this application, I certify under pains and penalties of perjury pursuant to MGL Ch. 62, sec. 49A that to the best of my knowledge and belief all state tax returns have been filed and all state taxes paid as required by law.

SIGNATURE

*I affirm and certify that the information provided is true, I am 18, the owner of the establishment referenced in this application or an authorized representative/agent with authority to apply for this permit and grant the Board of Health access for inspections as allowed by law.

Name/Title	*Date of Application:
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