

FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. MOT -	YEAR <b>2012</b>
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# APPLICATION FOR PERMIT TO OPERATE A MOTEL

CASH  
CHECK



NORTHAMPTON BOARD OF HEALTH  
212 MAIN STREET  
NORTHAMPTON, MA 01060  
(413) 587 - 1214

**LICENSE FEE: \$75.00**

Date: \_\_\_\_\_

Name of Motel \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_

Name & Title of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Name of Owner (If different) \_\_\_\_\_

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

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

In accordance with the provisions of the Statutes relating thereto, application for a Motel Permit is hereby made to operate a MOTEL in Northampton, Massachusetts.

\_\_\_\_\_  
Signature of Owner or Corporate Officer

\_\_\_\_\_  
Social Security or Federal ID #

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Email Address

**PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON**