

Tewksbury Health Department
1009 Main Street
Tewksbury, MA 01876
Telephone: 978-640-4470 Fax: 978-640-4472
health@tewksbury-ma.gov

Fee: \$135.00	Expires: April 30
Date Paid:	Permit: #
Check #:	

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

ESTABLISHMENT MANAGER:

Full Name:		Telephone:
Mailing Address: Street Name and Number	City:	State and Zip Code:
Email Address:		

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: ☐
Mailing Address: Street Name and Number		City:
		State and Zip Code:

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

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:

Attach the following documents:

- "Workers Compensation Insurance Affidavit: General Business"
- Insurance Binder with your facility name and address included
- Check or Money Order made payable to "Town of Tewksbury"

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 or Tax Identification Number:	
Signature of Individual:	Date Signed:
If applicable - Corporate Name:	Signature of Corporate Officer:
	Title: