



Fee \$10.00 per Room

TOWN OF MIDDLEBOROUGH
Health Department
20 Center Street
(508-946-2408)

Permit# _____

**APPLICATION FOR A LICENSE
TO OPERATE A HOTEL/MOTEL**

Legal Business Name _____ Number of Rooms _____
(Corp., LLC, Etc.)

DBA (if Different) _____

Business Address _____ Email _____

Mailing Address (if different) _____

Business Phone Number _____ Emergency Phone Number _____

Owners Name _____ Managers Name _____ On Site Y / N

Name or Corporation of Trash/Garbage Collector _____

Name or Corporation of Pest Control Operator _____

Swimming Pool Y / N Spa Y / N

Name of Certified Pool Operater _____

Signature of Applicant _____

Date _____