



Fee \$300.00

**TOWN OF MIDDLEBOROUGH**

Permit# \_\_\_\_\_

Health Department  
20 Center Street  
(508-946-2408)

**APPLICATION FOR A LICENSE  
TO OPERATE A MANUFACTURED  
HOME PARK**

Legal Business Name ( Corp, LLC, Etc.) \_\_\_\_\_

DBA (if Different) \_\_\_\_\_

Office Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ Email \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Emergency Number \_\_\_\_\_

Owners Name \_\_\_\_\_ Managers Name \_\_\_\_\_ On Site Y / N

Total number of units occupied/unoccupied \_\_\_\_\_ Is Development complete: 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 Operator \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_