



Board of Health
 Frank P. Giacalone, CEHT
 Director of Public Health

TOWN OF SAUGUS

BOARD OF HEALTH
 298 CENTRAL STREET
 SAUGUS, MASSACHUSETTS 01906



Public Health
 Prevent. Promote. Protect.

Telephone: (781) 231-4115
 Fax: (781) 231-4109

Fgiacalone@saugus-ma.gov

APPLICATION FOR LICENSE TO OPERATE MOBILE HOME PARK

APPLICANT INFORMATION

Name of Establishment: _____ Date: _____

Establishment Address: _____

Name of Owner: _____

Manager: _____ Phone No. At Establishment: _____

Emergency Response Person Name: _____ Emergency Phone: _____

If a Corporation or Partnership, attach list of names, titles and home addresses of officers or partners.

State of Name & Address Incorporation _____ of Local Agent _____

WATER SUPPLY

METHOD OF SEWER DISPOSAL

Municipal _____

Municipal _____

Private (i.e. well) _____

Private (i.e. well) _____

GENERAL INFORMATION

Does the park inspect the condition of the oil tanks? **Yes** **No**

How many oil tanks have been replaced in 2003? **Yes** **No**

Has the park had an oil spillage within the last two years? **Yes** **No**

If so explain: _____

Does the park level out all potholes on a regular basis? _____

Are all outside common areas well lit at night? _____

FOR BOARD OF HEALTH USE ONLY

Date Received	Check Number	Permit No.	Amount	Taxes and Fees Paid	Late Fee \$50.00
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

FEE TO BE PAID

Renewal fee – \$100.00 (One Hundred Dollars) plus \$5.00 (five dollars) per unit, payable to the Town of Saugus. Please submit with application.

Total Fee \$ _____

AUTHORIZATION

I respectfully submit my application for a license to operate a Motel or Hotel in the Town of Saugus.

Application must include:

- Listing of all Mobile Park residents**
- Copy of Mobile Park rules and regulations**

Signature of Applicant: _____ **Date:** _____

Home address of applicant: _____

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