



Board of Health  
David J. Greenbaum, R.S.  
Director of Public Health

# TOWN OF SAUGUS

BOARD OF HEALTH  
298 CENTRAL STREET, SUITE 9  
SAUGUS, MASSACHUSETTS 01906



**Public Health**  
Prevent. Promote. Protect.

Telephone: (781) 231-4115

Fax: (781) 231-4109

[dgreenbaum@saugus-ma.gov](mailto:dgreenbaum@saugus-ma.gov)

## APPLICATION FOR LICENSE TO OPERATE MOTEL/HOTEL

### 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

Municipal \_\_\_\_\_

Private (i.e. well) \_\_\_\_\_

### METHOD OF SEWER DISPOSAL

Municipal \_\_\_\_\_

Private (i.e. well) \_\_\_\_\_

Is each unit connected with an individual cesspool? **Yes** ☐ **No** ☐

### 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 hereby certify, under the pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in anyway.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR BOARD OF HEALTH USE ONLY

Date Received \_\_\_\_\_ Check Number \_\_\_\_\_ Permit No. \_\_\_\_\_ Amount \_\_\_\_\_ Taxes and Fees Paid ☐ Late Fee \$50.00 ☐