



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.

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## 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

Municipal \_\_\_\_\_

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

### METHOD OF SEWER DISPOSAL

Municipal \_\_\_\_\_

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

### GENERAL INFORMATION

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

Have any oil tanks have been replaced in 2003? **Yes** ☐ **No** ☐ If so, How many \_\_\_\_\_

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 \_\_\_\_\_



**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:** \_\_\_\_\_

**FOR BOARD OF HEALTH USE ONLY**

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