



Board of Health
 John R. Fralick, III RS/REHS
 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) 231-4120
 (781) 231-4117
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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
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>