



CITY OF FALL RIVER, MASSACHUSETTS

Inspectional Services Division

BOARD OF HEALTH

Permit Application to Operate a Hotel/Motel Establishment

Fee: \$150.00 / Individual Room fee is \$10.00 each

PERMIT HOLDER:

(Business Name)

(Business Address)

(City/Town)

(Zip)

(Business Telephone)

Federal Tax ID Number# _____

How many rooms are in the building: _____ x \$10.00/per rm. = \$ _____

Remit the annual fee of \$150.00 plus the total per room fee.

I hereby apply for a license to operate a Hotel/Motel Establishment in accordance with the Rules and Regulations of the Board of Health and the provisions of the Massachusetts General Laws.

Applicant's Name (Please Print)

Title

Applicant's Signature (Required)

All permits shall expire December 31st following the date of issue, and may be revoked for cause at any time by the Board of Health. Permits are non-transferable.

**Please remit check/money order to:
City of Fall River
Board of Health Office
One Government Center / Room 431
Fall River, MA 02722**

For Office Use Only:

Tax Certification complete Approval to issue license Initials of inspector _____ Date _____