



CITY OF FALL RIVER, MASSACHUSETTS

Inspectional Services Division

BOARD OF HEALTH

Permit Application to Operate a Bed and Breakfast Establishment

Fee: \$175.00

PERMIT HOLDER:

(Business Name)

(Business Address)

(City/Town)

(Zip)

(Business Telephone)

(Cell Phone)

Federal Tax ID Number: _____

I hereby apply for a license to operate a Bed & Breakfast 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

Residential Address

Applicant's Signature (**Required**)

Date

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.

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 _____