



# 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 31<sup>st</sup> 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 \_\_\_\_\_