



# 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

#### **Please provide the following with your application:**

1. A completed Tax Certification Form, signed by the City Collector (2<sup>nd</sup> Floor)
2. A completed and signed Worker's Compensation Insurance Affidavit
3. Payment of the current application fee, by check or money order, payable to the City of Fall River

***Note: Failure to enclose these completed and signed forms will result in a returned application.***

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.

#### **For Office Use Only:**

Tax Certification complete  Approval to issue license  Initials of inspector \_\_\_\_\_ Date \_\_\_\_\_