



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 Late Fee: \$100.00

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 room = \$ _____

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)

Date

Please provide the following with your application:

1. A completed Tax Certification Form, signed by the City Collector (2nd 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 on December 31st following the date of issue and may be revoked, at any time, by the Board of Health. Permits are non-transferable.

For Office Use Only:

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