

KIMBERLEY DRISCOLL
MAYOR

CITY OF SALEM, MASSACHUSETTS

LICENSING BOARD

120 WASHINGTON STREET
SALEM, MA 01970
TEL. 978-745-9595 EXT. 5648
FAX 978-744-6775

DAVID J. SHEA, CHAIRMAN
JOHN H. CASEY
RICHARD C. LEE

BARBARA A. SIROIS
CLERK OF THE BOARD

REQUIREMENTS FOR A LODGING HOUSE LICENSE

1. An application is required for more than three rooms.
2. If the applicant is a Corporation you must submit a Vote of the Corporation and Articles of Organization.
3. The application must be advertised in the Salem News for one day. (this office will supply the legal notice, the applicant is responsible for publication). The original advertisement must be submitted to this office.
4. Abutter notification is required. (this office will supply you with a certified list of abutters, the applicant is responsible for certified notification).
5. The license will specify the number of rooms allowed.
6. Licenses are renewable every December for the following year.
7. License fee is Fifty Dollars for the calendar year.
8. Routing slip signed by all City Departments.



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LODGING HOUSE APPLICATION

NAME:

ADDRESS OF LODGING HOUSE:

TELEPHONE:

ARE YOU A CORPORATION:

CORPORATE NAME:

D/B/A:

BUSINESS ADDRESS:

BUSINESS TELEPHONE:

DO YOU LIVE ON THE PREMISES:

IF NOT, HOME ADDRESS:

HOME TELEPHONE:

TOTAL NUMBER OF ROOMS:

NUMBER OF ROOMS WITHOUT KITCHEN OR PRIVATE BATH:

NUMBER OF ROOMS WITH KITCHEN AND PRIVATE BATH:

LOCATION OF REGISTER:

MAXIMUM NUMBER OF ROOMERS:PRESENT NUMBER:

TYPE OF HEAT:

WHEN IS HEAT STARTED:

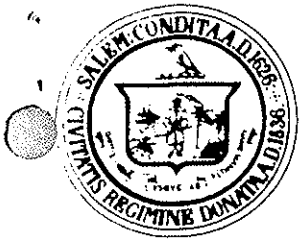
WHEN IS HEAT STOPPED:

IS CONSTANT HOT WATER PROVIDED:

FEE \$50.00 - CHECK PAYABLE TO
CITY OF SALEM

NAME:

TITLE:



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ROUTING SLIP

The Salem Licensing Board requires each applicant to have the appropriate Departments sign this Routing Slip and return it to the Licensing Board Office prior to the issuance of a license.

BUSINESS NAME

Corporate name:
d/b/a:

LOCATION:

Tele. #

TYPE OF LICENSE:

APPLICANTS NAME:

Residence

Street:

Home tele. #

City:

State:

Zip:

TO ALL CITY DEPARTMENTS: your signature on this form is notifying the Licensing Board that all requirements of your department have been met, at which time the Licensing Board will issue a license.

Salem Historic Commission DATE
120 Washington Street

Sign Review/Planning Dept. DATE
120 Washington Street

Salem Health Department DATE
120 Washington Street

Fire Prevention DATE
29 Fort Ave.

Building Inspector DATE
120 Washington Street

Department of Public Services DATE
(Water Dept.)
120 Washington Street

LODGING HOUSE 2008 RENEWAL APPLICATION

NAME:

ADDRESS OF LODGING HOUSE:

TELEPHONE:

ARE YOU A CORPORATION:

CORPORATE NAME:

D/B/A:

BUSINESS ADDRESS:

BUSINESS TELEPHONE:

DO YOU LIVE ON THE PREMISES:

IF NOT, HOME ADDRESS:

HOME TELEPHONE:

TOTAL NUMBER OF ROOMS:

NUMBER OF ROOMS WITHOUT KITCHEN OR PRIVATE BATH:

NUMBER OF ROOMS WITH KITCHEN AND PRIVATE BATH:

LOCATION OF REGISTER:

MAXIMUM NUMBER OF ROOMERS:PRESENT NUMBER:

TYPE OF HEAT:

WHEN IS HEAT STARTED:

WHEN IS HEAT STOPPED:

IS CONSTANT HOT WATER PROVIDED:

FEE \$50.00 - CHECK PAYABLE TO
CITY OF SALEM

NAME:

TITLE: