



CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH
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KIMBERLEY DRISCOLL
MAYOR

LARRY RAMDIN, RS/REHS, CHO, CP-FS
HEALTH AGENT

2011 Application to Operate a Hotel / Motel
\$200.00

Name of Establishment: _____

Address of Establishment: _____

Mailing Address (if different): _____

Tel#: _____ Fax#: _____

Business Email: _____ Website: _____

Owner's Name: _____ Tel# _____

Address: _____
City State Zip

Emergency Response Person(s): _____ Tel#: _____

How many rooms are reserved for guests? _____

Is food served in the Establishment? _____

Are animals allowed on the premises (other than service animals)? _____

*Please make check payable to the City of Salem. (Pay by check or money order only)
This Permit is not transferable and must be reissued upon change of ownership. The Permit must be posted in a prominent location in the establishment.

Pursuant to MGL Chapter 62C Section 49A, I certify under the pains and penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

Signature Date Social Security or Federal Identification Number

5/23/11 hotel-motel appl.doc Check# & Date \$