



KIMBERLEY DRISCOLL  
MAYOR

CITY OF SALEM, MASSACHUSETTS  
**LICENSING BOARD**  
93 WASHINGTON STREET, 2<sup>nd</sup> FLOOR  
SALEM, MA 01970  
TEL. 978-745-9595 EXT. 41504  
FAX 978-744-1279

### **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 One Hundred Dollars (\$100.00) for the calendar year for the first four rooms, \$25.00 for each room after.
8. Routing slip signed by all City Departments.



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**LODGING HOUSE APPLICATION**  
**(PLEASE COMPLETE ENTIRE FORM)**

NAME: \_\_\_\_\_

ADDRESS OF LODGING HOUSE: \_\_\_\_\_ PHONE#: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ARE YOU A CORPORATION: ☐ YES ☐ NO

CORPORATE NAME: \_\_\_\_\_

D/B/A: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

DO YOU LIVE ON THE PREMISES: \_\_\_\_\_

IF NOT, HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_ MGR's CONTACT # \_\_\_\_\_

MANAGERS EMAIL ADDRESS: \_\_\_\_\_

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 \$100.00 FOR THE FIRST  
FOUR ROOMS, \$25.00 FOR  
EACH ROOM AFTER.**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

**APPLICATION & PAYMENT DUE BY DEC 15<sup>th</sup>**



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**LODGING HOUSE RENEWAL APPLICATION**  
**(PLEASE COMPLETE ENTIRE FORM)**

NAME: \_\_\_\_\_

ADDRESS OF LODGING HOUSE: \_\_\_\_\_ PHONE#: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ARE YOU A CORPORATION: ☐ YES ☐ NO

CORPORATE NAME: \_\_\_\_\_

D/B/A: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

DO YOU LIVE ON THE PREMISES: \_\_\_\_\_

IF NOT, HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_ MGR's CONTACT # \_\_\_\_\_

MANAGERS EMAIL ADDRESS: \_\_\_\_\_

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 \$100.00 FOR THE FIRST  
FOUR ROOMS, \$25.00 FOR  
EACH ROOM AFTER.**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

**APPLICATION & PAYMENT DUE BY DEC 15<sup>th</sup>**



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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 telephone # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*\*TO ALL CITY DEPARTMENTS: By signing this slip you are only acknowledging that the applicant has made your department aware of their plans. Licensee will not be issued a license until all Departments have confirmed that the applicant has complied with all requests. \*\*\***

\_\_\_\_\_  
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 Avenue

\_\_\_\_\_  
Building Inspector      DATE  
120 Washington Street

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