

# Town of Seekonk – Board of Health

Hotels/Motels/Inns \$150.00

Expires: December 31, 2017



<b>Establishment Information:</b>	
Name:	
Address:	
Phone Number:	
Water Source:	<input type="radio"/> Municipal Water <input type="radio"/> Well
Food Service on Premise: Permit Required	<input type="radio"/> Yes <input type="radio"/> No
Retail Food Sales: Permit Required	<input type="radio"/> Yes <input type="radio"/> No
Sewerage Disposal Company :	

<b>Applicant Information:</b>	
Name:	
Address:	
City:	
State:	
Zip Code:	
Phone Number:	
Email:	

### Required Documentation:

Worker's Comp Affidavit

I, \_\_\_\_\_ hereby apply to the Board of Health of the Town of Seekonk, Massachusetts for a license to operate a Hotel/Motel/Inn.

Pursuant to M.G.L. 62C, sec. 49A, I have certified under the penalties of perjury that I, to the best knowledge and belief, have filed all state tax returns and all state taxes required under law.

\_\_\_\_\_  
Signature of Individual or Corporate Name Date

\_\_\_\_\_  
Signature of Corporate Officer (if applicable)

Office Use Only

Approved:

\_\_\_\_\_  
Signature – Chairman Board of Health