



Board of Health
 212 Main Street
 Northampton, MA 01060
 Tel: (413) 587-1214 • Fax: (413) 587-1221
 Director of Public Health: Merridith A. O'Leary, R.S.

**FOR BOARD OF HEALTH
 USE ONLY**
 Date: _____
 Amt Received: _____
 Cash/Check No: _____
 Received by: _____
 Workers Comp Affidavit

2021 APPLICATION TO OPERATE A MOTEL/HOTEL PERMIT

PERMIT FEE: \$150.00: **ALL FEES PAID ARE NON-REFUNDABLE**

NO PERMITS WILL BE ISSUED IF TAXES ARE OWED

In Accordance with the provisions of the Authority of the Statutes relating thereto, application for a Motel Permit is hereby made to operate a Motel/Hotel in Northampton, MA

Establishment Name: (dba): _____ Establishment Tel.#: _____

Establishment Address: _____

Mailing Address: _____

Email Address: _____

Applicant Name and Title: _____

Applicant Address: _____ Applicant Telephone #: _____

Owner Name & Title (if different from applicant): _____

Owner Address: _____

If Corporation or Partnership, Give Name, Title & Home Address of Officers or Partners

Name	Title	Home Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support

Signature of Applicant or Corporate Signature: _____