

OFFICE OF THE
BOARD OF HEALTH
13 EAST CENTRAL STREET
NATICK, MASSACHUSETTS 01760
PHONE – 508-647-6460 – FAX 508-647-6466

NO: _____

Fee: \$50.00

To the Licensing Authorities:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto

(Full name of person, firm or corporation making application)

State clearly
purpose for
which license is
requested

TO OPERATE A MOTEL

Give location by
street and
number

Telephone#

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Individual
Or Corporate Name (Mandatory)

By, Corporate Officer
(Mandatory, if Applicable)

** Social Security # (Voluntary)
or Federal ID Number

Signature of Applicant

*This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62Cs. 49A.

Motel License