



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

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

**2023 APPLICATION TO OPERATE A MOTEL/HOTEL/LODGING 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 Permit is hereby made to operate a Motel/Hotel/Lodging 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: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Water Source: \_\_\_\_\_ Septic: \_\_\_\_\_ Sewerage: \_\_\_\_\_

**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: \_\_\_\_\_