



SHARON A. CAMERON  
DIRECTOR

**CITY OF PEABODY**  
DEPARTMENT OF HUMAN SERVICES

24 LOWELL STREET  
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Board of Health

BERNARD H. HOROWITZ,  
**CHAIRMAN**  
THOMAS J. DURKIN III  
LEE ANN MANSBERGER, M.D.,  
MPH

**RENEWAL Application for License to Operate Hotel/Motel**

I submit my application for a license to operate a Motel/Hotel or Cabins in the **CITY OF PEABODY**:

Establishment Name:			
Address:			
Manager:		Business Phone:	
Owner Name:			
Home Address:			
City	State	Zip Code	Home Phone:
<input type="checkbox"/> MOTEL		<input type="checkbox"/> HOTEL	
No. of Units:			

**Renewal Fee: \$100.00** (one hundred dollars)      **Payable to: "CITY OF PEABODY"**  
**Please submit by December 1**

Please list the number assigned to the units to be operated by the owner or lessee:


**List current Board of Directors:**


I further agree if the license is granted to me to abide by all rules and regulations, which the Peabody Board of Health may have, adopt or revise.

Signature of Applicant: \_\_\_\_\_ Fire Dept. approval rec'd \_\_\_\_\_

Home Address of Applicant: \_\_\_\_\_ Building Insp. approval rec'd \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

*Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filled all state tax returns and paid all state taxes required under law.*

\_\_\_\_\_  
Social Security No. or Federal Identification No.

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

\_\_\_\_\_  
Date

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