



GREENFIELD BOARD OF HEALTH

14 Court Square • Greenfield, MA 01301
 Phone 413-772-1404 • Fax 413-772-2238

Fee: \$55.00

Paid:

Permit#:

APPLICATION FOR PERMIT TO OPERATE A BED AND BREAKFAST

Business Name:			Phone:		
Address:			Fax:		
City:	State:	Zip Code:	Email:		
Name of Owner:			Title:		
Address:			Phone:		
City:	State:	Zip Code:	Email:		
Number of Rooms: _____			Number of Bathroom Facilities: _____		
Is there a Swimming Pool or Hot Tub on Site? Yes or No (If Yes, provide information and attach copy of CPO license)			Are any meals served on premises? Yes or No (If Yes, provide information)		
Certified Pool Operator: _____			Certified Food Protector: _____		
Water Source:			Septic	Sewerage	
Federal I.D. Number:			Social Security Number:		
Workers Compensation Insurance Affidavit (M.G.L.c.152 section 25C (6))					
I, _____ do hereby certify that:					
1. <input type="checkbox"/> I am an employer providing workers compensation coverage for my employee(s) _____ (Policy Number/ Insurance Company)					
2. <input type="checkbox"/> I am not required to have workers compensation insurance under (M.G.L.c. 152 section 25c (6))					
<i>*If you have checked #1 you must also fill out the workers compensation affidavit.</i>					

 Name of Applicant

 Signature

 Official Title

 Date

INCOMPLETE APPLICATIONS WILL BE RETURNED.

Return application and check payable to Town of Greenfield