



GREENFIELD BOARD OF HEALTH

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

Fee: \$150.00

Paid: _____

Permit#: _____

APPLICATION FOR PERMIT TO OPERATE A HOTEL/MOTEL

New Hotel/Motel Permit Renewal Name Change Change of Owner

Hotel/Motel Name:		Phone:
Address:		Fax:
City:	State:	Zip Code:
Person In Charge:	Email:	Phone:
Ownership Information (check one) list principals of business below:		
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Specify)		
Name:	Title:	Phone:
Address		Email:
City:	State:	Zip Code:
Number of Rooms: _____	Number of Bathrooms: _____	Are any meals served on premises? Yes or No (If Yes, provide information)
Is there a Swimming Pool or Hot Tub on Site? Yes or No (If Yes, provide information and attach copy of CPO license)		Certified Food Protector: _____
Certified Pool Operator: _____		Food Allergen Awareness Trained employee: _____
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))		
*If you have checked #1 you must also fill out the workers compensation affidavit.		

Name of Applicant

Official Title

Signature

Date

INCOMPLETE APPLICATIONS WILL BE RETURNED.
Return application and check payable to Town of Greenfield