



City of Leominster
Office of the Health Department
25 West Street – Suite 9
Leominster, MA 01453
Tel.: (978) 534-7533
Fax (978) 534-7508

FEE: \$200.00

**APPLICATION FOR LICENSE
To Operate Hotel/Motel/Inn
City of Leominster**

DATE: _____

TO LICENSING AUTHORITIES:

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

ESTABLISHMENT NAME: _____

STATE CLEARLY PURPOSE FOR WHICH LICENSE IS REQUESTED:

TO: TO OPERATE A MOTEL/HOTEL/INN IN THE CITY OF LEOMINSTER

GIVE LOCATION BY STREET AND NUMBER:

in the City of LEOMINSTER

in accordance with the rules and regulations made under authority of said Statutes:

Signature of Applicant _____

Print Name of Applicant _____

Print Title of Applicant _____

Application Received _____ Application Fee Received _____

Application Approved _____ License Granted _____

FOR (PROPERTY ADDRESS) _____

FOR (BUSINESS NAME) _____

Total # of Units _____

1. Name of person, corporation, partnership or trust having legal title to the premises:

Residential (Street) Address:

Mailing Address:

Provide at least two numbers where owner can most quickly be reached in an emergency:

Telephone # Home _____ Telephone # Work _____

Pager # _____ Cell Phone # _____

Fax # _____ E-Mail Address _____

2) Name of General Manager or Agent employed by owner:

Title/Position

Residential (Street) Address:

Mailing Address:

Provide at least two numbers where manager can most quickly be reached in an emergency:

Telephone # Home _____ Telephone # Work _____

Pager # _____ Cell Phone # _____

Fax # _____ E-Mail Address _____