



City Clerk 610 Main Street Waltham MA 02452 (781)314-3120

Lodging House Application

Date Received:	_____
Date sent to:	_____
Fire Department	_____
Fire Date Returned	_____
Health Department	_____
Health Date Returned	_____
Building Department	_____
Building Date Returned	_____
Police Department	_____
Police Date Returned	_____

Please Print:

The undersigned hereby makes an application for a lodging house license in compliance with MGL.140. Sec. 22, 23 and the Waltham General Ordinances Chapter 21 Article 3.0 Section 3.4 (Please reply within 10 days of receiving this application)

New _____ * Special Permit needed Property Address: _____

Renewal _____ License is transferable only with City Council approval

Renewal Applications must be returned to the City Clerk's Office.

Fee: \$50.00

Property Owner (s) Information

Property Owner(s) Name: _____ Signature: _____ D/O/B _____

Residential Address: _____

Mailing Address _____

Phone (Day): _____ Evening : _____

If Corporation

Emergency Contact Name: _____ Phone Number: _____

Descriptions/Number of Rooms: _____

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Applicant Signature (s) _____

Social Security # _____ Federal ID # : _____

Your Social security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payments obligations.

Licensee (s) who fail to correct their non filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of MGL c. 62 s.49A

Office Use Only

Fire Department Approved _____ Denied _____ Signature: _____ Date _____

Health Department Approved _____ Denied _____ Signature: _____ Date _____

Building Department Approved _____ Denied _____ Signature: _____ Date _____

Police Department Approved _____ Denied _____ Signature: _____ Date _____

(Attach calls for service for this location).

Ward and Precinct: _____

Chairman Approval _____