



**TOWN OF WEST SPRINGFIELD  
HEALTH DEPARTMENT**

26 Central Street, Suite 18  
West Springfield, MA 01089-2754  
Phone: (413) 263-3206 FAX: (413) 737-1583  
www.west-springfield.ma.us

Fee \$ \_\_\_\_\_  
(See Page 2)

**Application for Permit to Operate a Hotel / Motel Establishment**

Date: \_\_\_\_\_

\_\_\_\_\_ New Establishment      \_\_\_\_\_ Change of Name      \_\_\_\_\_ Change of Ownership

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name & Title of Applicant: \_\_\_\_\_

Name of Owner (if different from applicant): \_\_\_\_\_

Name of Local Manager: \_\_\_\_\_

If corporation or partnership, give name, title & home address of offices or partners.

<u>Name</u>	<u>Title</u>	<u>Home Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

State of Incorporation: \_\_\_\_\_ Name & Address of Local Agent: \_\_\_\_\_

Emergency Response Person: Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Operations currently conducted in your establishment (please check all that apply):

No. of Rooms \_\_\_\_\_ No of Efficiencies \_\_\_\_\_ No. of Apartments \_\_\_\_\_ Food Service \_\_\_\_\_

Swimming Pool \_\_\_\_\_ Hot Tub \_\_\_\_\_ Tanning \_\_\_\_\_ Massage \_\_\_\_\_

Additional Information

Water Source: \_\_\_\_\_ Municipal \_\_\_\_\_ Private      Sewage Disposal: \_\_\_\_\_ Municipal \_\_\_\_\_ Private

\_\_\_\_\_  
**Signature of Applicant**

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

\_\_\_\_\_  
Social Security Number or Federal Identification Number

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

by \_\_\_\_\_

Corporate Officer (if applicable)

**Fee Schedule**

25 rooms or less - \$25.00  
26 to 80 rooms - \$50.00  
Over 80 Rooms - \$75.00

**For Board of Health Use Only**

Date Received

Date Inspected

Approved By

Permit # Issued