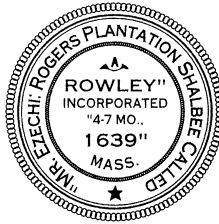


# Board of Health

P. O. Box 783  
39 Central Street  
Massachusetts 01969



# Town of Rowley

Tel: (978) 948 - 2231  
Fax: (978) 948 - 7196  
health@townofrowley.org

## Annual License Hotel / Motel

Name of Business Establishment: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Business Establishment: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Applicant Name (if applicable): \_\_\_\_\_

Applicant: ☐ Owner ☐ Co-owner ☐ Manager ☐ Other: \_\_\_\_\_

Please Circle One: Seasonal / Year Round Number of Rooms: \_\_\_\_\_

Circle Answer: **Swimming Pool:** Yes / No **Hot Tub:** Yes / No **Sauna:** Yes / No

Emergency Response Person(s): \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Type of Water Supply: \_\_\_\_\_

Is Food Served In The Establishment? \_\_\_\_\_ Describe Food Service: \_\_\_\_\_

**Dumpster:** is it placed in such way that patron contact is minimized? (i.e. fencing, locked area, etc.)

Describe: \_\_\_\_\_

### **Requirements related to the granting, conditioning, and processing of this application:**

1. License Fee: \$200.00, Payable to the Town of Rowley. (Renewable Annually January 1).
2. A Completed: SIT-62C Form.

**I certify that the information I have provided above is true and accurate. I agree to conduct my business in accordance with the rules, regulations, and /or special condition(s) imposed by the Rowley Board of Health. In addition, I understand it is my responsibility to obtain, understand, keep updated, and comply with any and all State, and/or Local laws, rules, and regulations related to the operation of Hotels / Motels.**

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