

Fee: \$10.00 Per Room

TOWN OF MIDDLEBOROUGH

BOARD OF HEALTH

To the Board of Health of the Town of Middleborough:

Application is hereby made for a permit to Operate Hotel/Motel

Name of Applicant

Type of Facility

Number of Units/Rooms

No.

Street

Town

Zip Code

Telephone Number: _____

If applicant is a partnership, full name and residence of all partners:

If applicant is a corporation, full name and address of:

President: _____

Treasurer: _____

Clerk: _____

Signature: _____

Date: _____