

Fee: \$100.00 or \$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*

_____ *Lodging/Rooming House*

Name of Applicant

Type of Facility *Number of Units*

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: _____

Building Department and Fire Department Approval Required.