



TOWN OF WINTHROP BOARD OF SELECTMEN

APPLICATION FOR A INNHOLDER/LODGING HOUSE LICENSE

In accordance with the provisions of Massachusetts General Law and subject to regulations adopted by the Board of Selectmen of the Town of Winthrop, application is hereby made for a Innkeeper/Lodging House License.

**PROPRIETOR'S
NAME:**

First, Middle Initial, and Last Name

**PROPRIETOR'S
RESIDENTIAL ADDRESS:**

Street Number and Address

City/Town, State and Zip Code

TELEPHONE NUMBER:

Home Telephone

Business Telephone

**BUSINESS
NAME:**

Corporation Name w/dba

**BUSINESS
ADDRESS:**

Street Number and Address

WINTHROP, MASSACHUSETTS 02152

DUMPSTER PERMIT:

YES (If Yes, attached copy.)

NO

I herein certify under penalty of perjury that, to the best of my knowledge and belief, I have filed all state tax returns and have paid in full all state and local taxes, fees or other assessments due to the Commonwealth of Massachusetts or the Town of Winthrop.

SIGNED:

Signature of Individual or Corporate Name (Mandatory)

BY:

Corporate Officer Signature

TAX I.D. #:

S.S. # (Voluntary) or Federal I.D. Number

DATE:

Date of Application filing

WARNING:

* This license will not be issued unless this certification is signed by the applicant.

** Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency status will be subject to license suspension or revocation. This request is made under the authority of MGL c. 62C, § 49A.

LICENSE GRANTED AND RELEASED:

DATE: _____

FEE:	\$100.00
DATE PAID:	
_____	_____

**IMPORTANT
NOTICE:
THIS LICENSE
EXPIRES
ANNUALLY
ON DECEMBER 31ST.**