



OFFICE OF THE
BOARD OF SELECTMEN
TOWN OF MAYNARD
MUNICIPAL BUILDING
195 MAIN STREET
MAYNARD, MASSACHUSETTS 01754
Tel: 978-897-1001 Fax: 978-897-8457

Rooming House License Application

Name: _____ Address: _____
Owner Telephone Name: _____
Building Telephone Number: _____
Owners Fathers Name: _____
Mothers Maiden Name: _____
Business or Trade Name of Property: _____
If Corporation or Trust list names: _____

Location of property address: _____
Floors: _____ Number of Stories: _____ Number of people to accommdate: _____
Former License: _____ Address: _____
Name of manager and assistant manager of property: _____

List experience of manager and assistant:
Name: _____ Years: _____
Name: _____ Years: _____

What other property does owner of record have within the commonwealth of
Massachusetts: _____

Number of rooms to rent: _____
Number on each floor: _____
First: _____ Second: _____ Third: _____ Fourth: _____

The total number of occupants that can be accommodated : _____

Number at present: _____

In case of emergency: **CHECK IF YOU HAVE THE FOLLOWING:**

Chain Ladder: ___ Fire Escapes: (Treads and Risers): ___ How Many: ___

Where located: ___ Staircases: ___ How Many: ___ Where located: ___

Do you have community kitchen: ___ How many: ___ Located where: ___

Bathroom: ___ How Many: ___ Located where: _____

Rubbish removal: ___ Daily: ___ Weekly: ___ Monthly: _____

Name of rubbish removal company: _____

Maintance of outside areas: ___ Lawns: ___ Shrubs: ___ Debris: _____

Parking Facilities: ___ On street: ___ Off street: ___ Garage: _____

For how many vehicles: ___ Total number of vehicles of tenants: _____

Does house have sprinkler system: ___ Smoke detectors: ___ Fire detectors: _____

Location of hydrant: _____ How many feet from property: _____

Does house have fire extinguishers: ____ How many: ____ What class list: ____

Police Department: _____ Date: _____

Health Department: _____ Date: _____

Building Department : _____ Date: _____

Fire Department: _____ Date: _____

Note: TO ALL DEPARTMENTS: If no adverse comments are received within seven days the Board of Selectmen will assume your approval.

Date: _____ Approval of Selectmen: _____

