



TOWN OF MAYNARD

Board of Selectmen

MUNICIPAL BUILDING

195 Main Street

Maynard, MA 01754

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www.townofmaynard-ma.gov

Board of Selectmen

Chris DiSilva

Jason Kreil

Tim Egan

David Gavin

Terrence Donovan

Rooming House / Innkeeper's License Application

Please include a diagram of structure/building indicating locations of all SLEEPING, BATHROOM, KITCHEN and COMMUNAL (living room or gathering) AREAS, STAIRCASES and FIRE ESCAPES

Owner Name: _____

FEES: \$200.00 Rooming House

Owner Telephone: _____

\$200.00 Inn Holder

Owner Address: _____

Business or Trade Name of Property: _____

If Corporation or Trust, list names: _____

Property address: _____

Building Telephone: _____

Number of Floors: _____ Number of Stories: _____ Number of people to accommodate: _____

Former License #: _____ Address: _____

Property Manager Name: _____ Experience: _____ years

Assistant Manager Name: _____ Experience: _____ years

List other property Owner of Record has within The Commonwealth of Massachusetts: _____

Number of rooms to rent: _____ Number on each floor: 1st: _____ 2nd: _____ 3rd: _____ 4th: _____

Total Number of Occupants at present: _____

Name of Rubbish Removal Company: _____

Rubbish removal frequency: Daily: _____ Weekly: _____ Monthly: _____

Maintenance of outside areas: Lawns: _____ Shrubs: _____ Debris: _____

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

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

IN CASE OF EMERGENCY:

Number of Chain Ladders: _____ Where Located: _____

Number of Fire Escapes: (Treads and Risers): _____ Number of Staircases: _____

Number of Community Kitchens: _____ Number of Bathrooms: _____

Does house have Fire Sprinkler System: YES / NO

Number of Smoke detectors: _____ Number of Heat Detectors: _____ Number of CO Detectors _____

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

Number of fire extinguishers: _____ What class list: _____

NEW APPLICANTS: Inspections

Police Department: _____ Date: _____

Health Department: _____ Date: _____

Building Department: _____ Date: _____

Fire Department: _____ Date: _____

RENEWALS: Please include copy of current Building, Fire, and Health Inspection Certifications and completed Tax Status Verification Form at the Treasurer/Collector's office.

Date: _____

Board of Selectmen: _____

(OFFICE USE)

Received by: _____ Date: _____ CASH / Check #: _____ \$ _____