

TOWN OF LYNNFIELD
Attn: Selectmen's Office
55 Summer Street
Lynnfield, MA 01940
Phone 781-334-3180 -- fax #781-334-0014

APPLICATION FOR A LODGING HOUSE

Return this form along with the Workers' Compensation Insurance Affidavit and applicable fee. Checks are to be made payable to the Town of Lynnfield.

Fee: \$50.00

The license applied for, if Granted, cannot be Sold,
Transferred or Surrendered without the authority of the Board granting it.

Names of person(s) applying for license

Applicant

Residence
(street and number)

Firm name _____

Name of Lodging House (if any) _____

State and Number of Lodging House

Number of floors above basement _____

Number of rooms to be occupied _____ Number of lodgers _____

Name and address of owner of premises _____

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

***Signature of Individual or Corporate Name (Mandatory)**

By: **Corporate Officer** (Mandatory, if applicable)

****Social Security # or Federal Identification Number**

***This license will not be issued unless the applicant signs this certification clause.**

****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 will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c.62C s.49A.**