



# TOWN OF MAYNARD

## Select Board

MUNICIPAL BUILDING

195 Main Street

Maynard, MA 01754

Tel: 978-897-1301

[www.townofmaynard-ma.gov](http://www.townofmaynard-ma.gov)

## *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**

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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: 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_ 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: \_\_\_\_\_

Select Board: \_\_\_\_\_

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**(OFFICE USE)**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

CASH / Check #: \_\_\_\_\_

\$ \_\_\_\_\_