



TOWN OF MAYNARD

Select Board

MUNICIPAL BUILDING

195 Main Street

Maynard, MA 01754

Tel: 978-897-1301

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: 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: _____

Select Board: _____

(OFFICE USE)

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