

**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF PLYMOUTH
BOARD OF HEALTH
508-747-1620 EXT 118**

Mobile Home Park January 1st through December 31st Annually
**APPLICATION FOR LICENSE TO OPERATE
MOBILE HOME PARK**

Fee: \$50.00

**MAKE CHECK PAYABLE TO: Town of Plymouth and
RETURN TO: Health Department, 11 Lincoln St., Plymouth, MA 02360**

Legal Business Name (Corp., LLC. Etc) _____

DBA (if Different) _____

Office Address _____

Mailing Address (if different): _____

Parcel ID# (Please obtain from the Assessor's Office): _____

Business Phone _____ Corporate Phone _____

Owner/President Name _____

Manager/Agent/Operator Name _____

Number of all Units (All units lived in or not) _____ Is Development Complete: _____ If not Number of
Units at completion: _____

Number of Swimming Pools: _____ Saunas: _____ Spas: _____ Whirlpools: _____

Hot Tubs: _____ Name of Certified Pool Manager: _____
(Include copy of certification)

Pest Control Manager (Include Pest Control Contract): _____

Trash/Garbage Collector & Schedule: _____

On Site Club House Name: _____ Capacity: _____

Water Source: _____ Sewer Source: _____ Overnight Camp Only Certificate of Occupancy: _____

Name and Title: (Please print)

Signature:

Mobile Home Park Licenses expire on December 31st

FOR OFFICE USE ONLY:

Munis Number: _____ Access: _____ W/C Rcvd: _____ Liability Rcvd: _____