



Commonwealth of Massachusetts
TOWN OF PLYMOUTH
PUBLIC HEALTH DEPARTMENT
 508-747-1620 X10118
 Fax: 508-830-4062
 26 Court Street
 Plymouth, Massachusetts 02360

Fee: \$100.00

License to Operate Mobile Home Park valid January 1st through December 31st Annually

MAKE CHECK PAYABLE TO: Town of Plymouth
RETURN TO: Public Health Department, 26 Court 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 _____

of all Units (all occupied/unoccupied units) _____ Is Development Complete: Yes No

If development is not complete, provide total # units at completion: _____

Swimming Pools: ____ # Saunas: ____ # Spas: ____ # Whirlpools: ____ # Hot Tubs: ____

Name of Certified Pool Manager: _____

(Scan and 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 Yes No Cert. of Occupancy #: _____

(Scan and include copy of certificate)

Email: _____

 Name and Title: (Please print)

 Signature:

FOR OFFICE USE ONLY:

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