



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

Motels & Hotel License 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) _____

Business Address _____

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

Mailing Address _____

Business Phone _____ Alternate Phone _____

Owner/President Name _____

Manager/Agent/Operator Name _____

Rooms _____ # Swimming Pools: _____ # Saunas: _____ # Spas: _____ # Whirlpools: _____ #Hot Tubs: _____

Name of Certified Pool Operator: _____

Pest Control Manager: _____

Trash/Garbage Collector and Schedule: _____

Is Water Municipal or Private Well: _____ Is Sewer Municipal or Private: _____

E-mail _____

FOR OFFICE USE ONLY:

MUNIS NUMBER: _____ ACCESS: _____ LICENSE ISSUED: _____

PROOF OF INSURANCE: LIABILITY: _____ WORKER COMPENSATION: _____