



# TOWN OF BRIMFIELD

COMMONWEALTH OF MASSACHUSETTS

## BOARD OF HEALTH

23 Main Street  
Brimfield, MA 01010  
(413) 245-4100 x3  
(413) 245-4102 Fax

### Application for License

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

Fee: \$ 50.00

The undersigned hereby applies for License in accordance with the provisions of the Statutes relating thereto:

### OPERATE A BED AND BREAKFAST

\_\_\_\_\_  
\_\_\_\_\_  
(Full name and address of person, firm or corporation making application)

State clearly the purpose for which license is requested: \_\_\_\_\_  
\_\_\_\_\_

Give location by street and number: \_\_\_\_\_  
\_\_\_\_\_

In said Town of Brimfield in accordance with the rules and regulations made under authority of the Statutes.

Business Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_