



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: \$ 75.00

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

OPERATE A MOTEL

(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: _____