

**City of Medford**  
**Board of Health**  
85 George P. Hassett Dr.  
Medford, MA. 02155

**Tel#: (781) 393-2560**

**Fax: (781) 393-2562**

**APPLICATION TO OPERATE A LODGING FACILITY**

**Fee: \$100.00 + \$5.00 per room (Payable by Check Only)**

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_ Business Tel #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Telephone#: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Managers Telephone # \_\_\_\_\_

Facility Type/Function \_\_\_\_\_

Trash Disposal Company \_\_\_\_\_

Container Types & Numbers \_\_\_\_\_

Trash Pickup Frequency \_\_\_\_\_

Pursuant to M.G.L., C. 62C, S. 49A, I certify that under the pains and penalties of perjury that I have filed all Massachusetts tax returns and paid all Massachusetts tax returns and paid all taxes required under law. I further certify that all Medford taxes, whether real estate property or private property has been paid.

I have obtained, read, and understand the requirements of 105 CMR 410.000, The State Sanitary Code, and I agree to maintain the facility in compliance with all regulations, in a clean and sanitary manner. Signed under the pains & penalties of perjury.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

Per 105 CMR 123.000– Permits may be suspended, revoked, or modified by the Board of Health, its agents, or employees for the failure of the owner, manager, staff or agent to comply with the conditions and requirements of these regulations. Notice will served in writing, sent by certified mail to the last known address of the alleged violator. Upon seven days of the written notice, a written request may be submitted to request a hearing before the Board. In the event the Board of Health, its agents or employees deem that the health, safety or welfare of the occupants or residents of the City of Medford is jeopardized and that the an emergency exists, it may order all operations terminated, and the establishment closed.