



## TOWN OF WEST STOCKBRIDGE BOARD OF HEALTH

### Application for License to Operate Hotels, Motels, Cabins and Trailer Parks For Year 20 \_\_\_\_\_

(All applications must filled out completely and legibly)

\_\_\_ New License      \_\_\_ Renewal

Establishment Name \_\_\_\_\_

Address \_\_\_\_\_

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

Owner/Mgr. \_\_\_\_\_

Address \_\_\_\_\_

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

# of Rooms \_\_\_\_\_ # of Efficiencies \_\_\_\_\_ Max. Occupancy \_\_\_\_\_

# of Trailer Units \_\_\_\_\_

**Water Supply:** \_\_\_ Public \_\_\_ Private      **Sewage Disposal:** \_\_\_ Public \_\_\_ Private

#### Plumbing Fixtures

# of Toilets \_\_\_\_\_ # of Lavatories \_\_\_\_\_ # of Tubs \_\_\_\_\_

# of Showers \_\_\_\_\_ # of Laundries \_\_\_\_\_ # of Pools \_\_\_\_\_

#### Rubbish Disposal

Method \_\_\_\_\_ Frequency \_\_\_\_\_

\_\_\_\_\_  
*Signature of Owner or Manager*

\_\_\_\_\_  
*Date of Application*

**Fee: \$50.00** Make Check Payable to "Town of West Stockbridge" and  
return to:

West Stockbridge Board of Health  
PO Box 81  
West Stockbridge, MA 01266  
Phone/Fax: (413) 232-0300 Ext. 314