

The Licensing Board for the City of Boston

One City Hall Square, Room 809, Boston, Massachusetts 02201 (617) 635-4170



APPLICATION FOR A DORMITORY LICENSE

(General Laws, Chapter 140, sections 22)

Date _____

The undersigned respectfully makes application for the dormitory license as follows:

- Dormitory owned or operated by an educational institution Dormitory owned or operated by fraternity (sorority, alumni, etc.) Dormitory not owned or operated by educational institution or fraternity

Name of owner or lessee _____

Name of educational institution using dormitory _____

Dormitory address _____ Zip Code _____

Description of dormitory _____

(Describe premises and include full description of the facilities available to dormitory)

Number of floors: _____ Number of rooms: _____

Number of students per room _____ Total number of students residing _____

Provide the names of all officers or director of housing for the educational institution:
If fraternity house, etc. list name and address of principal officer of the organization. (local as well as national):

Name	Address	Title	Shares
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Manager's Name or person to be in charge of premises _____ Tel. No. _____

Home Address: _____ Zip Code _____

Applicant's Name (printed) _____ Tel. No. _____

Home Address: _____ Zip Code _____

Applicant's Signature: _____

Notice

* Premises used as a dormitories require the approval of the Inspectional Services, City of Boston, as to compliance with the Boston Building Code. The Renewal Application must be filed and appropriate payment made before May 1st of each year. Application cannot be processed without a current Egress Inspection certificate.

* All dormitories are required to maintain on its premises a list of all persons who reside therein. If students, list school and home address. This list must be made available to the Licensing Board for the City of Boston or other duly authorized law enforcement agents upon request



LICENSING BOARD FOR THE CITY OF BOSTON

1 City Hall Sq., Room 809, Boston, MA 02201

LICENSEE MANAGER PERSONAL INFORMATION FORM

THIS FORM MUST BE COMPLETED FOR EACH:

- NEW LICENSE APPLICANT
- APPOINTMENT OR CHANGE OF MANAGER
- TRANSFER OF LICENSE

Please type or print all information

All questions must be answered and telephone numbers provided or application will not be accepted.

1. LICENSEE NAME: _____
(Name as it will appear on the license)

2. NAME OF (PROPOSED) MANAGER: _____

3. SOCIAL SECURITY NUMBER: _____

4. HOME ADDRESS: _____

5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).

DAY TIME # _____ HOME # _____

6. REGISTERED VOTER: ___ YES ___ NO

7. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address):

8. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: _____

9. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: _____
Proposed Manager Signature

_____ Date