

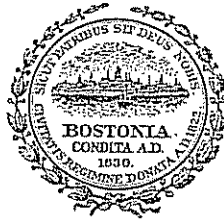
**APPLICATION FOR A REQUIREMENTS FOR LODGING HOUSE LICENSE
(M.G.L C. 140, section 22, et al.)**

1. All applicants must make sure appropriate zoning is in effect for a lodging house.
2. All applicants must apply for a Certificate of Occupancy from Inspectional Services.
3. All applicants need to apply for an Inspection Certificate in order for our department to issue applicant the license to operate as a lodging house.
4. Pursuant to Massachusetts General Laws, four or more unrelated persons living together constitute a Lodging House and require a Lodging House License.
5. Annual fees are as follow:
 - 0-9 rooms \$75.00 per year
 - 10-19 rooms \$150.00 per year
 - 20-29 rooms \$225.00 per year
 - 30-39 rooms \$300.00 per year

Any building containing more than 39 rooms, please add \$4 for each additional room.

The Licensing Board for the City of Boston

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



APPLICATION FOR A LODGING HOUSE LICENSE

(General Laws, Chapter 140, sections 22)

Date _____

The undersigned respectfully makes application for the lodging house as follows:

Name of Lodging House _____

Location of Premises _____ Zip Code _____

Description of Lodging House _____

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

Number of rooms: Basement _____ First _____ Second _____ Third _____ Fourth _____ Fifth _____

Number of floors: _____ Total _____

Number of lodgers: Basement _____ First _____ Second _____ Third _____ Fourth _____ Fifth _____

Total _____

Number of lodgers that can be accommodated: (if different than above) _____

Individual or Corporate Name: _____

If the applicant is a corporation, complete the following:

Name	Address	Title	Shares
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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 lodging house 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 lodging house keeper shall keep or cause to be kept, in permanent form, a register in which shall be recorded the true name and residence of every person engaging or occupying a private room averaging less than four hundred square feet floor area. Such register shall be kept for period of one year after the last entry therein, and shall be open to the inspection of the Licensing Board authorities, their agents and the police officer.

BUILDING DEPARTMENT CLEARANCE

APPLICANTS MUST NOT FILL IN THIS SIDE

RESTRICTIONS — REMARKS

APPLICATION FOR
LODGING HOUSE LICENSE
(DORMITORY)

G.L. Ch. 140, S. 22

Certificate Issued _____

Certificate Expires _____

Capacity _____

ZONING CLEARANCE

ZONING DISTRICT- _____

ALLOWED USE - _____

CONDITIONAL USE - _____

PRE-EXISTING, NON-CONFORMING USE - _____

CERTIFIED AS PROPERLY ZONED FOR A

DORMITORY - _____

License No. _____ Class _____

Ward _____ Prec. _____ Div. _____

Tel. No. _____ Zip Code _____

Name _____

Address _____

Board's Action

GRANTED _____

REJECTED _____

NAME _____

TITLE _____

DATE _____

Rec'd By _____ Fee _____

Receipt No. _____



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