



# Department of Municipal Licenses and Inspections

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Joseph C. Sullivan  
Mayor

## 2010 HOTEL/MOTEL PERMIT APPLICATION

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

Establishment Address: \_\_\_\_\_

Establishment Telephone: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Telephone: \_\_\_\_\_

Name of Manager: \_\_\_\_\_

Total Number of Hotel rooms \_\_\_\_\_

Total Number of Hotel rooms (Smoking) \_\_\_\_\_

Total Number of Hotel rooms (Non-Smoking) \_\_\_\_\_

**Hotel/Motel Fee \$100.00 + Number of Rooms \_\_\_\_\_ X \$2.00 =**

**Total Fee: \$ \_\_\_\_\_**

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### FOR DEPARTMENT OF MUNICIPAL LICENSES AND INSPECTIONS USE ONLY

Date Received \_\_\_\_\_

Approved By \_\_\_\_\_

Permit # Issued \_\_\_\_\_