



**WRENTHAM
BOARD OF HEALTH**
79 South Street, Wrentham, MA. 02093
APPLICATION FOR HOTELS, MOTELS, CABINS & TRAILER COACH PARKS
Application must be submitted 30 days prior to opening

<i>For Office Use Only</i>	Date Received:	Fee:
Permit Number:		

Applicant Name:	
Business Name:	Number of Rooms:
Address of Business:	
Mailing Address of Business: <i>(if different)</i>	
Applicant Phone Number:	Business Phone Number:
Applicant Email Address:	
Send Permit via: <input type="checkbox"/> Mail to Business Address <input type="checkbox"/> Email (preferred) <input type="checkbox"/> Applicant Address	

Type of Business:
 Hotel Motel Cabin Trailer Coach Park

If owned by a Corporation, please provide the following information:		
President	Name:	Telephone:
Treasurer	Name:	Telephone:

Applicant's Signature

Date