



# TOWN OF ORLEANS

19 SCHOOL ROAD ORLEANS MASSACHUSETTS 02653-3699

Telephone (508) 240-3700 – Fax (508) 240-3703

<http://www.town.orleans.ma.us>

BOARD OF  
SELECTMEN

TOWN  
ADMINISTRATOR

## **TOWN OF ORLEANS Application for License LODGING HOUSE/INNHOLDER**

\_\_\_\_\_ INNHOLDER  
\_\_\_\_\_ LODGING HOUSE

DATE \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_  
(Include Corporate Name and D/B/A)

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_

PROPERTY OWNER'S MAILING ADDRESS: \_\_\_\_\_

DESCRIPTION & PURPOSE OF BUILDING USE: \_\_\_\_\_

DAYS & HOURS OF OPERATION & # OF ROOMS:  
\_\_\_\_\_

GIVE LOCATION BY STREET AND NUMBER: \_\_\_\_\_

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. Their request is made under the authority of Mass. G.L. c 36C s. 49A.

\_\_\_\_\_  
Signature of Individual  
Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer or Corporate  
(Mandatory, if Applicable)

\_\_\_\_\_  
Social Security # or Federal ID #

**Filing Fee: \$25 | License Fee: \$75**

**Paid on \_\_\_\_\_ Check # \_\_\_\_\_**