

TOWN OF WINCHENDON



Board of Health

Telephone (978) 297-3537
Facsimile (978) 297-1616

109 Front Street
Winchendon, Massachusetts 01475-1758
APPLICATION FOR PERMIT
To Operate A Hotel or Motel

Establishment name and phone #:

Address: _____

Name and phone number of person in charge:

Name, address and phone number of the owner:

Number of rooms: _____

Number of years in business: _____

Will food be served at this establishment? _____

If yes: Will a continental breakfast only be served? _____
Please attach a copy of the menu.

Will meals other than a continental breakfast be served? _____
Please attach a copy of the menu along with a completed Food
Establishment application form.

Please attach a check or money order payable to The Town of Winchendon for \$50.00 for
up to 20 rooms and add \$3.00 per room above 20 rooms.

Signature of applicant: _____ Date: _____