



**TOWN OF STOUGHTON  
BOARD OF HEALTH  
LODGING HOUSE PERMIT**

\$100.00

**The license applied for, if Granted, cannot be Sold, Transferred or  
Surrendered without the authority of the License Commission**

**Date:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_  
(Individual or Company Name)

**\*Contact Person:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Location of Lodging House:** \_\_\_\_\_

**Name of Lodging House (if any):** \_\_\_\_\_

**Total Number of Rooms:** \_\_\_\_\_ **consisting of** \_\_\_\_\_ **1<sup>st</sup> Floor**

\_\_\_\_\_ **2<sup>nd</sup> Floor** \_\_\_\_\_ **3<sup>rd</sup> Floor** \_\_\_\_\_ **4<sup>th</sup> Floor**

\_\_\_\_\_ **Other**

**Number of Lodgers:** \_\_\_\_\_

**Water Supply:** \_\_\_ **Public** \_\_\_ **Private**

**Sewage Disposal:** \_\_\_ **Public** \_\_\_ **Private**

*If private, are the individual septic systems operating adequately?* \_\_\_ **Yes** \_\_\_ **No**

**Name and address of owner of premises:** \_\_\_\_\_

\_\_\_\_\_

**Business address of Applicant:** \_\_\_\_\_

\_\_\_\_\_

**Residential address of Applicant:** \_\_\_\_\_

\_\_\_\_\_

**\*needed for scheduling inspections**

**(OVER)**

**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.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Telephone)

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**FOR OFFICE USE ONLY**

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

Inspection Date: \_\_\_\_\_

Permit Granted: \_\_\_\_\_