

TOWN OF EASTON



BOARD OF HEALTH

136 ELM STREET
NORTH EASTON, MA 02356-0129
Tel. (508) 230-0620

The Commonwealth of Massachusetts

APPLICATION FOR PERMIT
CABINS, MOTELS & MOBILE HOME PARKS

Date _____ 20__

TO THE LICENSING AUTHORITIES:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by

Name _____
(Full name of person, firm or corporation making application)

(Give location by street and number)

STATE CLEARLY PURPOSE FOR WHICH PERMIT IS REQUESTED.

To _____

(Signature of Applicant)

(Mailing Address)

(Business Telephone)

Permit # _____

OFFICE USE ONLY

COMMENTS

_____ *Fee*
_____ *W.C. Affidavit*
_____ *W.C. Dec. Page*

Office Initial – Appl. Complete _____