



TOWN OF LUDLOW

HEALTH DEPARTMENT

488 Chapin Street
Ludlow, MA 01056
(413) 583-5600 ext. 1271 TEL
(413) 583-5689 FAX



Public Health
Prevent. Promote. Protect.

License to Operate:

Motel, Hotel, Inn, Rooming House, or Bed & Breakfast

Name of Establishment: _____ Date: _____

Business Address: _____ Phone#: _____

Mailing (if Different): _____ Email: _____

Name & Title of Applicant: _____

Name of Owner: _____ # of Rooms: _____

Water Source: _____ Sewer Source: _____

*If private well water is the source, please provide a recent copy of well quality test with application.

Rubbish Hauler: _____ Frequency of pick up: _____

According to the State Sanitary Code 105 CMR 410.000: MINIMUM STANDARDS OF FITNESS FOR HUMAN HABITATION (STATE SANITARY CODE, CHAPTER II): A Rooming House means every dwelling or part thereof which contains one or more rooming units in which space is let or sublet for compensation by the owner or operator to four or more persons not within the second degree of kindred to the person compensated. Boarding houses, hotels, inns, lodging houses, dormitories and other similar dwelling places are included, except to the extent that they are governed by stricter standards elsewhere created; provided that the provisions of 105 CMR 410.000 shall not apply to any hospital, sanitarium, convalescent or nursing home, infirmary or boarding home for the aged licensed by the Department of Public Health in accordance with the provisions of M.G.L. c. 111, § 51 or 71.

It is required that you obtain a copy of the State Attorney General's Regulations, 105 CMR 410.00 to keep on site at your park. The Ludlow Health Department enforces State and Local Sanitary Codes and responds to complaints regarding any health and safety issues. You can find the State Attorney General's Regulations online by typing in a web search for: 940 CMR 10.00.

***Any renewal application received after December 31st will be subject to a 50% late fee.**

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with all applicable rules and regulations (105 CMR 410.00). I agree to allow the Health Department or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

Print Name of Applicant

Signature of Applicant

Motel/Hotel/Inn/Rooming House License Fee \$100.00 (Cash or Check) Payable to: Town of Ludlow

*Valid January 1st through December 31st Annually