



CITY OF GLOUCESTER

Health Department
3 Pond Road, City Hall Annex
Gloucester, Massachusetts 01930
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healthdepartment@gloucester-ma.gov



Public Health
Prevent. Promote. Protect.

APPLICATION FOR LICENSE OF: HOTEL/MOTEL

*****RENEWABLE ANNUALLY ON JULY 1ST*****

Please fill out application and remit with check for **\$90.00** made payable to City of Gloucester.

Establishment Name: _____

Address: _____ Phone: _____

Contact Person: _____ Emergency/Cell Phone: _____

Email Address: _____

Mailing Address (if different): _____

Check One: Seasonal Year Round Number of Rooms: _____

Describe Food Service: _____

Trash Dumpster (Check One): Yes No Trash Contractor: _____

Type of Water Supply: _____ Means of Sewage Disposal: _____

Swimming Pool? Yes No Hot Tub? Yes No Sauna? Yes No

	DATE	INSPECTOR	FINDINGS
BUILDING INSPECTOR 978-281-9774			
ELECTRICAL INSPECTOR 978-281-9774			
FIRE INSPECTOR 978-281-9760			
HEALTH INSPECTOR 978-282-8024			

PLEASE SEND THIS FORM TO THE HEALTH DEPT. WHEN COMPLETED

***** ANY PAYMENTS RECEIVED AFTER JULY 1ST WILL BE SUBJECT TO A \$50 LATE FEE. *****