



CITY OF SALEM, MASSACHUSETTS
LICENSING BOARD
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KIMBERLEY DRISCOLL
MAYOR

INNHOLDER APPLICATION

NAME: _____

ADDRESS OF INN: _____ PHONE#: _____

NAME OF OWNER: _____ .EMAIL: _____

ARE YOU A CORPORATION: YES NO

CORPORATE NAME: _____

D/B/A: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

DO YOU LIVE ON THE PREMISES: _____

IF NOT, HOME ADDRESS: _____

HOME TELEPHONE: _____

MANAGER'S NAME: _____ MGR's CONTACT # _____

MANAGERS EMAIL ADDRESS: _____

TOTAL NUMBER OF ROOMS: _____

NUMBER OF ROOMS **WITHOUT** KITCHEN OR PRIVATE BATH: _____

NUMBER OF ROOMS **WITH** KITCHEN AND PRIVATE BATH: _____

LOCATION OF REGISTER: _____

MAXIMUM NUMBER OF GUESTS: _____ PRESENT NUMBER: _____

TYPE OF HEAT: _____

WHEN IS HEAT STARTED: _____

WHEN IS HEAT STOPPED: _____

IS CONSTANT HOT WATER PROVIDED: _____

NAME: _____

TITLE: _____

APPLICATION & PAYMENT DUE BY DEC 15th OF EACH YEAR