



KIMBERLEY DRISCOLL
MAYOR

CITY OF SALEM, MASSACHUSETTS
LICENSING BOARD
93 WASHINGTON STREET, 2nd FLOOR
SALEM, MA 01970
TEL. 978-745-9595 EXT. 41504
FAX 978-744-1279

REQUIREMENTS FOR A LODGING HOUSE LICENSE

1. An application is required for more than three rooms.
2. If the applicant is a Corporation you must submit a Vote of the Corporation and Articles of Organization.
3. The application must be advertised in the Salem News for one day. (This office will supply the legal notice; the applicant is responsible for publication). The original advertisement must be submitted to this office.
4. Abutter notification is required. (This office will supply you with a certified list of abutters, the applicant is responsible for certified notification).
5. The license will specify the number of rooms allowed.
6. Licenses are renewable every December for the following year.
7. License fee is One Hundred Dollars (\$100.00) for the calendar year for the first four rooms, \$25.00 for each room after.
8. Routing slip signed by all City Departments.



CITY OF SALEM, MASSACHUSETTS
LICENSING BOARD
93 WASHINGTON STREET, 2nd FLOOR
SALEM, MA 01970
TEL. 978-745-9595 EXT. 41504
FAX 978-744-1279

KIMBERLEY DRISCOLL
MAYOR

LODGING HOUSE APPLICATION
(PLEASE COMPLETE ENTIRE FORM)

NAME: _____

ADDRESS OF LODGING HOUSE: _____ 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 ROOMERS: _____ PRESENT NUMBER: _____

TYPE OF HEAT: _____

WHEN IS HEAT STARTED: _____

WHEN IS HEAT STOPPED: _____

IS CONSTANT HOT WATER PROVIDED: _____

**FEE \$100.00 FOR THE FIRST
FOUR ROOMS, \$25.00 FOR
EACH ROOM AFTER.**

NAME: _____

TITLE: _____

APPLICATION & PAYMENT DUE BY DEC 15th



CITY OF SALEM, MASSACHUSETTS
LICENSING BOARD
93 WASHINGTON STREET, 2nd FLOOR
SALEM, MA 01970
TEL. 978-745-9595 EXT. 41504
FAX 978-744-1279

KIMBERLEY DRISCOLL
MAYOR

LODGING HOUSE RENEWAL APPLICATION
(PLEASE COMPLETE ENTIRE FORM)

NAME: _____

ADDRESS OF LODGING HOUSE: _____ 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 ROOMERS: _____ PRESENT NUMBER: _____

TYPE OF HEAT: _____

WHEN IS HEAT STARTED: _____

WHEN IS HEAT STOPPED: _____

IS CONSTANT HOT WATER PROVIDED: _____

**FEE \$100.00 FOR THE FIRST
FOUR ROOMS, \$25.00 FOR
EACH ROOM AFTER.**

NAME: _____

TITLE: _____

APPLICATION & PAYMENT DUE BY DEC 15th



CITY OF SALEM, MASSACHUSETTS
LICENSING BOARD
 93 WASHINGTON STREET 2nd FLOOR
 SALEM, MA 01970
 TEL. 978-745-9595 EXT. 41504
 FAX 978-744-1279

KIMBERLEY DRISCOLL
 MAYOR

ROUTING SLIP

The Salem Licensing Board requires each applicant to have the appropriate Departments sign this Routing Slip and return it to the Licensing Board Office prior to the issuance of a license.

BUSINESS NAME

Corporate name: _____

d/b/a: _____

LOCATION: _____

Tele. # _____

TYPE OF LICENSE: _____

APPLICANTS NAME: _____

Residence

Street: _____ Home telephone # _____

City: _____ State: _____ Zip: _____

*****TO ALL CITY DEPARTMENTS: By signing this slip you are only acknowledging that the applicant has made your department aware of their plans. Licensee will not be issued a license until all Departments have confirmed that the applicant has complied with all requests. *****

 Salem Historic Commission DATE
 120 Washington Street

 Sign/Review Planning Dept. DATE
 120 Washington Street

 Salem Health Department DATE
 120 Washington Street

 Fire Prevention DATE
 29 Fort Avenue

 Building Inspector DATE
 120 Washington Street

 Dept. of Public Services DATE
 (Water Dept.) 120 Washington Street