

Please check appropriate class(es):

Inn Holder \_\_\_\_\_  
Hotel \_\_\_\_\_  
Motel \_\_\_\_\_

1-499 \$60.00 per room

500 or more rooms  
\$80.00 per room

Annual Fee: \$ \_\_\_\_\_

Inspection Fee: \$50.00 \_\_\_\_\_

Facility:

# of Floors \_\_\_\_\_  
# of Rooms \_\_\_\_\_

Please check one:

Renewing Application  
w/Changes \_\_\_\_\_

Renewing Application  
w/NO Changes \_\_\_\_\_

Type of Business

Sole Proprietor: \_\_\_\_\_

Partnership (inc. LLP) \_\_\_\_\_

(Please attach the name of the partnership and all partners who own more than 10%)

Trust

(Please attach the name of the trust and all trustees who own more than 10%)

Corporation

(Please attach proof of the corporation including the names and addresses of the corporation, president, treasurer and secretary.)

LLC

(Please attach the name of the LLC and all managers who own more than 10%)

Revision 01/29/2024

COMMONWEALTH OF MASSACHUSETTS

CITY OF EVERETT

INNHOLDER LICENSE APPLICATION

Mail \_\_\_\_\_ or Pick-up \_\_\_\_\_

Business (DBA) Name:

Everett Business Address:

Applicant's Legal Name:

Mailing Address (including Zip Code):

Contact Phone:

Contact E-Mail:

Property Owner:

Property Owner's Address:

Owner's Phone:

Signature\*

\*By signing above, the property owner indicates that the potential licensee is authorized to legally occupy the above-mentioned property for the intended purpose of a Lodging license. The property owners' signature and property card from the assessors are required for new licenses only.

EMERGENCY CONTACT:

In case of emergency at the business address, please contact:

Contact Name:

Contact Address:

Contact Phone:

***I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location and is subject to all of the terms, conditions, and limitations set forth in the Everett Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Everett City Council.***

Signature of Applicant

Title (owner, president, partner)

Date:

## ATTACHMENTS FOR ALL APPLICANTS

1. Certificate of Good Standing
2. Inspectional Services Approval
3. Fire Prevention Approval
4. Health Department
4. Workmen's Compensation Affidavit
5. REAP Attestation

## ATTACHMENTS FOR NEW or ALTERED LICENSES ONLY

First-time applications must also include:

1. A certified plot plan displaying work area, employee and customer parking, and entrances and exits.
2. Criminal Offender Record Information (CORI)
3. Three (3) letters of recommendation (excluding relatives, partners, employees, fiduciary)
4. Proof of notification of abutters within 150 feet of proposed business.
6. Application Fee (\$500.00)

## FOR CITY CLERK'S OFFICE USE ONLY

Application Accepted:  
Application Approved:  
Application Issued:

Have you ever been denied a license? Y \_\_\_ N \_\_\_

Have you ever had a license revoked or suspended?

Y \_\_\_ N \_\_\_

## INSPECTIONAL SERVICES DEPARTMENT REPORT:

The building located at the premises mentioned above is in a \_\_\_\_\_ Zone.

☐ The use is permitted as of right ☐ The use requires a special permit

The use is prohibited

*I do hereby state that as of this date the premises **meets** / **does not meet** all of the requirements imposed upon it pursuant to the building code. This application is for an Innholder/Hotel License.*

Inspector's Signature:

Print Name:

Date:

I do hereby certify that there are no unpaid fines, fees, cease and desist orders or any other Impediments affecting the granting of approval for this license.

Fine, fees, cease and desist order or other impediment

Issue License \_\_\_\_\_ Do not Issue License \_\_\_\_\_

Inspector's Signature:

**TO BE COMPLETED BY THE INSPECTIONAL SERVICES, CALL TO SCHEDULE 617-394-2220**

## HEALTH DEPARTMENT REPORT

*I do hereby state that as of this date the premises **meets** / **does not meet** all of the requirements imposed upon it pursuant to the sanitary code. This application is for an Innkeeper/Hotel License.*

Inspector's Signature:

Print Name:

Date:

I do hereby certify that there are no unpaid fines, fees, cease and desist orders or any other Impediments affecting the granting of approval for this license.

Fine, fees, cease and desist order or other impediment

Issue License \_\_\_\_\_ Do not Issue License \_\_\_\_\_

Inspector's Signature:

**TO BE COMPLETED BY THE HEALTH DEPARTMENT, CALL TO SCHEDULE 617-394-2255**

**FIRE PREVENTION REPORT:**

I do hereby state that I have personally inspected the premises located at the applicant's business address as shown on the front of this application and as of this date the premises meets/does not meet all of the requirements imposed upon it pursuant to the fire prevention code.

Pass \_\_\_\_\_ Fail \_\_\_\_\_

Inspector's Signature:

Print Name:

Date:

I do hereby certify that there are no unpaid fines, fees, cease and desist orders or any other impediments affecting the granting of approval for this license.

Fine, fees, cease and desist  
order or other impediment

Issue License \_\_\_\_\_ Do not Issue License \_\_\_\_\_

Inspector's Signature:

**TO BE COMPLETED BY THE FIRE INSPECTION, CALL TO SCHEDULE 617-394-2349**

**CERTIFICATE OF GOOD STANDING**

Property Address:

Do you own the property?      Y \_\_ N \_\_

I do hereby state that the owners of the proposed business are/are not current on the following taxes and fees:

Real Estate Taxes:

**COMMENTS:**

Personal Property:

**COMMENTS:**

Water/Sewer:

**COMMENTS:**

Collector's Office Signature:

Print Name:

Date:

**TO BE COMPLETED BY THE COLLECTOR'S OFFICE, EVERETT CITY HALL, ROOM 13, 617-394-2240**