



**TOWN OF UXBRIDGE
B O A R D O F H E A L T H
TOWN HALL
21 SOUTH MAIN STREET
UXBRIDGE, MA 01569
508-278-8600 x 8
boh@uxbridge-ma.gov**

APPLICATION FOR A MOTEL/HOTEL PERMIT

Date _____ **Motel Permit Fee** \$180.00 up to 20 rooms, \$12.00 for each additional room

Name of Motel _____

Address of Motel _____

Number of Units (smoking) _____ (non-smoking) _____

Swimming Pools Type: _____ Length _____

Width: _____ Volume: _____ Water Source _____

Trim and Finish (pool walls & bottom) _____

Set Back from Well _____ ft Septic Tank _____ ft Soil Absorption System _____ ft

Suction outlet ____ Y ____ N Circulation and Filtration System _____

Sole Owner _____ Partnership _____ Corporation _____ State of Corporation _____

Federal Identification Number _____ E-mail address _____

If Partnership: Name and Home Address of Partners

_____ Telephone _____

_____ Telephone _____

If Corporation: Name and Home Address of Corporate Officers

President _____ Telephone _____

Treasurer _____ Telephone _____

Clerk _____ Telephone _____

If Sole Owner: Name and Home Address

_____ Telephone _____

Social Security Number _____ Signature of Applicant _____