FOR BOARD OF HEALTH USE ONLY				
DATE RECEIVED	DATE INSPECTED	APPROVED BY	PERMIT FEE: $_____ LATE FEE: $_____ TOTAL FEE = $_____	PERMIT ISSUED DATE:_____ ID#: _____

TOWN OF FAIRHAVEN
BOARD OF HEALTH

40 Center St. - Fairhaven, MA 02719 - Telephone (508) 979-4023 Ext. 8130

Rooming House Permit Application

New business application must be submitted at least 30 days prior to planned opening date. Renewals must be submitted by December 1st or late filing fee will apply.

Public Health
Prevent. Promote. Protect.

Per 105CMR.410.020: Rooming House means every dwelling or part thereof which contains one or more rooming units in which a space is let or sublet for compensation by the owner or operator to four or more persons not within the second degree of kindred to the person compensated. Boarding houses, hotels, inns, lodging houses, dormitories and other similar dwelling places are included, except to the extent that they are governed by stricter standards elsewhere created; provided that the provision of 105CMR 410.000 shall not apply to any hospital, sanatorium, convalescent or nursing home, infirmary, or boarding home for the aged licensed by the Department of Public Health in accordance with the provisions of M.G.L. Ch. 111§51 or 71.

Check type of application: ☐ **New (Initial)** ☐ **Renewal** ☐ **Amended**

PLEASE *PRINT* CLEARLY **TODAY'S DATE:**

1) Establishment Trade Name:

2) Establishment Address:

3) Establishment Mailing Address (*if different*):

4) Establishment Telephone No.: ( ) **Fax No.: ( )**

5) Number of Rooming Units:

6) Applicant Name: **Applicant's Title:**

7) Applicant Address: **TELEPHONE No.: ( )**

8) Establishment Owner's Name: (First)_____(Last)_____(MI)___

Association, Corporation, Partnership, Legal Entity Name:

9) Owner's Address (*if different from applicant*): _____

Owner's E-Mail Address: _____

10) Establishment is OWNED by: (*Check one*)

☐ Association
☐ Corporation
☐ Individual
☐ Partnership
☐ Other Legal Entity

12) Establishment is: (*Check one*)

☐ Part of Chain
☐ Independent

11) If owned by a corporation or a partnership, give name, title and home address of officers or partner(s) as registered with the Secretary of State ***(Please provide an attachment if necessary)*:**

Officer/Partner's Name **Title** **Home Address**

_____

_____

_____

(First) (Last) (MI)

13) Person Directly Responsible for Daily Operations ***(Owner, Person in Charge, Supervisor, Manager etc.):***
Name: _____ Title: _____ Telephone No: ( ) _____
Address: _____
Fax No.: ( ) **24 Hour Emergency Number: ( )**

14) District or Regional Supervisor ***(if applicable):***
Name: _____ Title: _____ Telephone No: ( ) _____
Address: _____
Fax No.: ( ) **24 Emergency Number: ( )**

15) Style of Rooming House: ***(Check only one)***

☐ Boarding House ☐ Hotel
☐ Lodging House ☐ Inn
☐ Dormitory ☐ Other Similar Dwellings
☐ Motel

16) Number of Units: _____

17) Is your establishment currently permitted by the Board of Health for any of the following services/operations?

☐ **YES** (If yes, check all that apply) ☐ **NO**
☐ Caterer's Permit Establishment ☐ Food Service Establishment
☐ Retail Food Establishment ☐ Public or Semi-Public Swimming Pool
☐ Special Purpose Pool/Spa ☐ Tanning Salon

18) Do you have a current Town of Fairhaven Business Certificate registered with the Town Clerk's Office?
☐ Yes ☐ No

19) A Worker's Compensation Insurance Affidavit Form and if required, a copy of the Insurance Policy Declaration Page must be included unless one is already on file with the Health Department and is current.
Please check one only: ☐ On File and Current ☐ See Attached Document(s)

20) Municipal Real Estate Property Information: Plot #: _____ Lot #: _____

Owner's Name: _____ **Owner's Address:** _____

21) Water Source:

DEP Water Supply Number ***(if applicable)*****:**

22) Sewage disposal:

23) Days/Hours of Operation:

24) Number of Employees:

Reminder: Consistent with M.G.L. Ch.270, Section 22 and per order of the Fairhaven Board of Health, Rooming Houses must prohibit smoking on the premises in all common areas at all times and post smoke-free notices in a clear and conspicuous manner at each entrance, restrooms, and common areas upon the premises. A designated smoking room in a hotel, motel, inn, bed and breakfast, lodging home or rooming house shall be clearly marked as a designated smoking room on the exterior of all entrances from a public hallway and public spaces; and in the interior of the room. These areas in which smoking is allowed shall be conspicuously designated as smoking areas and be adequately ventilated to prevent the migration of smoke to non-smoking areas. Signage is available at the Fairhaven Health Department or online at www.makesmokinghistory.com/secondhand-smoke

25) Establishment Owner's Tax Identification Number as reported to Massachusetts Department of Revenue:

✓ ***If owned by an individual:*** ☐ **Date of Birth (D.O.B.)** _____
☐ **Social Security Number:** _____

✓ ***If owned by an association, corporation, partnership, or other legal entity:***
☐ **Federal Identification Number:** _____

Pursuant to MGL c. 62C, sec. 49A, I certify under the penalties of perjury that the owner (s) of this establishment, to the best of my knowledge and belief, have filed all applicable tax returns and paid all taxes required under law. I, the undersigned, attest to the accuracy of the information provided in this application, and affirm that this Rooming House operation will comply with 105 CMR 410.000 and all other applicable law. I acknowledge that I have been instructed by the Health Department on how to obtain copies of 105 CMR 410.000 Minimum Standards of Fitness for Human Habitation (State Sanitary Code Ch. II) by internet access at www.mass.gov/eohhs/docs/dph/regs/105cmr410.pdf.

As the license holder, I understand that I must immediately discontinue operations affected by an *imminent health hazard* and notify the Board of Health in accordance with 105 CMR 410.000. Imminent health hazards include, but are not limited to: Fires, Floods, Extended interruption of Electrical or Water Service, Sewage Backup, misuse of poisonous or toxic materials, onset of an apparent food borne illness breakout, gross unsanitary occurrences or conditions, or any other circumstance that may endanger public health. (A license holder need not discontinue operations in an area of an establishment that is unaffected by the imminent health hazard).

26) Owner's/Authorized Officer's Signature – *print* name and title clearly and *sign* and date below:

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Payment is due with application