

CITY OF BROCKTON

APPLICATION FOR LODGING HOUSE LICENSE

The license applied for, if Granted, cannot be Sold, Transferred or
Surrendered without the authority of the License Commission

Date: _____

Name of Applicant: _____
(Individual or Company Name)

Location of Lodging House: _____

Name of Lodging House (if any): _____

Total Number of Rooms: _____ consisting of _____ 1st Floor
_____ 2nd Floor _____ 3rd Floor _____ 4th Floor
_____ Other

Number of Lodgers: _____

Name and address of owner of premises: _____

Business address of Applicant: _____

Residential address of Applicant: _____

Signed this _____ day of _____, 20

(Signature)

(Telephone)

