



**CITY OF LYNN INSPECTIONAL SERVICES DEPARTMENT
HEALTH DIVISION**

Rooming/Lodging House Application

This application must be completed prior to renewal of rooming house license.

Rooming house address: _____

Number of Floors: _____ Number of letting rooms: _____

Number of lodgers that can be accommodated: _____

Phone number of rooming house: _____

Please complete the following information. The court requires we have this information in the event we need to serve process of Law. REF: 105 CMR 410, Sections 481 & 833 MCL. III-127 A&O.

Name of owner(s), trustee, beneficiary, or corporation president

Residential address of owner (No P.O. Boxes allowed)

Owner(s) telephone numbers: _____
Day Evening

****MUST FILL OUT THIS INFORMATION****

Owners date of birth Owners Social Security No. Owners signature Today's date

Owners signature (Signed under pains and penalties of perjury)

Dumpster: Yes No

Name of Company that services dumpster: _____

Rooming House Fee: _____ Dumpster Fee: _____

Check/MO Number: _____ Cash: _____