



**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: \_\_\_\_\_