



TOWN OF RAYNHAM
Selectmen and Board of Health

558 South Main Street
Raynham, MA 02767
Tel: (508) 824-2766
Fax: (508) 824-1540

HOTEL/MOTEL APPLICATION

FEE: \$100.00

NAME OF ESTABLISHMENT: _____

ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

CONTACT PERSON: _____

CONTACT TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME OF MANAGER: _____

ADDRESS OF MANAGER: _____

TELEPHONE OF MANAGER: _____

SIGNATURE OF APPLICANT

DATE

Pursuant to MGL Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Social Security Number or Federal ID: _____

Signature of Individual or Corporate Name: _____

Please Note: SSN or FID numbers shall be redacted if this application is included in a FOI Request