

**TOWN OF WEBSTER**  
**MASSACHUSETTS**  
350 Main St. Webster, MA.01570  
**DEPARTMENT OF PUBLIC HEALTH**

David J. Zalewski, Chairman  
James Avery, Vice Chairman  
Iwona Miller, Member



**FEE: \$200.00**

Jennifer Sullivan  
**Health Agent**

Danyel Guiou  
**Senior Clerk**

**ROOMING HOUSES - AIRBNB - BED & BREAKFAST APPLICATION**

Name of Establishment: \_\_\_\_\_ H: \_\_\_\_\_ M: \_\_\_\_\_ RH: \_\_\_\_\_ B&B: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name of Owner of Business: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name of Owner of Property: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Manager of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Emergency Phone No: \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Year-Round: \_\_\_\_\_ Seasonal: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_ Singles: \_\_\_\_\_ Doubles: \_\_\_\_\_

Number of Rooms with Kitchenettes: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

Number of Common Kitchen Areas: \_\_\_\_\_ Number of Common Bathrooms: \_\_\_\_\_

Food Establishment Facilities on Site: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_