



# TOWN OF HALIFAX COMMONWEALTH OF MASSACHUSETTS

## Board of Health

499 Plymouth Street, Halifax, MA 02338

\*\*\*Telephone (781)293-6768 \*\*\* Fax (781)293-1738

## Mobile Home Park Permit Application

### Business Information

Establishment Name: \_\_\_\_\_

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

Establishment Mailing Address (if different): \_\_\_\_\_

Establishment Telephone #: \_\_\_\_\_

Applicant Name & Title: \_\_\_\_\_

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

Applicant Telephone #: \_\_\_\_\_

24 Hour Emergency #: \_\_\_\_\_

Applicant E-Mail Address: \_\_\_\_\_

Owner Name & Title (if different from applicant): \_\_\_\_\_

Owner Address (if different from applicant): \_\_\_\_\_

Establishment Owned by:

- ☐ An Association
- ☐ A Corporation
- ☐ An Individual
- ☐ A Partnership

If a corporation or partnership, give name, title and home address of officers or partners.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Permit Fee

\$ 150.00

Type of Permit  
**Mobile Home Park**

### Operational Information

**Type of Business:** \_\_\_\_\_

**Hours of Operation:** \_\_\_\_\_

**Person Directly responsible for Daily Operations** (Owner, Person In Charge, Supervisor, Manager etc.)

Name & Title: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-Mail #: \_\_\_\_\_

**District or Regional Supervisor** (if applicable)

Name & Title: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-Mail #: \_\_\_\_\_

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the business operations will comply with all applicable law.

Signature of Applicant: \_\_\_\_\_

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

Social Security Number or Federal ID: \_\_\_\_\_

Signature or Individual or Corporate Name: \_\_\_\_\_