



Town of Halifax

Mobile Home Park Permit Application

Applications received **after** the December 31st deadline, fees will be *doubled in amount*. Failure to pay late fees will result in non renewal of permit.

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

\$ _____

Payment is due with application

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: _____