



OFFICE OF SELECT BOARD  
333 WASHINGTON STREET  
BROOKLINE, MA 02445  
(617) 730-2200

**LODGING HOUSE APPLICATION**

Before applying for a **New** Lodging House license, please check with the Building Department regarding Zoning requirements.

If property is presently licensed as a Lodging House:

- (1) Fill out attached application
- (2) Interview form needs to be filled out by Applicant and Resident Agent
- (3) Attach 3 character references for both Applicant and Resident Agent
- (4) Attach a letter from present licensee indicating that he/she will surrender the license once one is granted to the new applicant
- (5) Purchase and Sales Agreement for transfer
- (6) A set of: description, illustration, and/or detailed plans
- (7) Abutter Notification
- (8) Fee for License is calculated according to the number of rooms as follows :

**Select Board Fees**

<b>#of Rooms</b>	
<b>1-19</b>	<b>\$400.00</b>
<b>20-69</b>	<b>590.00</b>
<b>70-12</b>	<b>1,470.00</b>
<b>125-149</b>	<b>2,050.00</b>
<b>150-249</b>	<b>3,130.00</b>
<b>250-299</b>	<b>4,390.00</b>
<b>300+</b>	<b>6,440.00</b>

Lodging House Licenses are issued under Mass. General Laws Chapter 140 Sec 22 and Town Bylaws/Rules and Regulations.

**NOTE:** No application will be accepted unless the Town Treasurer certifies that all outstanding real estate taxes and municipal liens on the property have been paid.



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**APPLICATION FOR NEW LICENSE**  
**LODGING HOUSE**

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

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Lodging House Address \_\_\_\_\_

Property Owner \_\_\_\_\_ Home Address \_\_\_\_\_

Type of Dwelling \_\_\_\_\_

Single Family Two Family Multi Family

D/B/A: \_\_\_\_\_

**Business Ownership – Individual / Partners / Corporate Officers:**

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Name	Title	Address	Phone #	Email Address
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Name	Title	Address	Phone #	Email Address
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Name	Title	Address	Phone #	Email Address
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Premise Description

<u>No. Floors</u>	<u>No. of Rooms On Each Floor</u>	<u>Max No. Rooms Rented</u>	<u>Max No. Lodgers On Each Floor</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total:</b> _____	_____	_____	_____

Number of parking spaces (if any): \_\_\_\_\_

Will any of the rooms have individual cooking facilities other than a microwave without convection, either currently or planned?

\_\_\_\_\_

If so, please identify the rooms and describe the individual cooking facilities provided: \_\_\_\_\_

\_\_\_\_\_

Do you intend to live on the premises or will an agent be in charge? \_\_\_\_\_

If Agent, list name and present address \_\_\_\_\_

\_\_\_\_\_

Have you previously held a lodging house license in Brookline or elsewhere? \_\_\_\_\_

If so, in what years and what address: \_\_\_\_\_

\_\_\_\_\_

Do you operate any other Lodging Houses in Brookline? \_\_\_\_\_

If so, list address: \_\_\_\_\_

**PLEASE PROVIDE WITH THIS APPLICATION PROOF OF LEGAL RIGHT TO THE LICENSED PREMISES FOR THE TERM OF THE LICENSE, SUCH AS OWNERSHIP PAPERS, TENANCY DOCUMENTS, OR A MANAGEMENT CONTRACT.**

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

Date: \_\_\_\_\_



**VOTE OF CORPORATION**

DATE: \_\_\_\_\_

AT A MEETING OF THE BOARD OF DIRECTORS OF \_\_\_\_\_

\_\_\_\_\_

HELD AT: \_\_\_\_\_ ON: \_\_\_\_\_

IT WAS DULY VOTED THAT THE CORPORATION APPLY TO THE LICENSING BOARD FOR THE TOWN OF BROOKLINE FOR A

\_\_\_\_\_ (TYPE OF LICENSE)

FOR THE YEAR \_\_\_\_\_ TO BE EXERCISED ON THE PREMISES LOCATED AT

\_\_\_\_\_

VOTED: TO AUTHORIZE \_\_\_\_\_ TO SIGN

THE APPLICATION FOR THE LICENSES IN THE NAME OF \_\_\_\_\_

\_\_\_\_\_ AND TO EXECUTE ON ITS BEHALF ANY NECESSARY PAPERS, AND TO DO ALL THINGS REQUIRED RELATIVE TO THE GRANTING OF THE LICENSE.

THIS CORPORATION HAS \_\_\_\_\_ BEEN DISSOLVED.

A TRUE COPY

ATTEST: \_\_\_\_\_

CLERK



**RENOVATION FORM**

**IF RENOVATIONS ARE BEING MADE TO LOCATION: PLEASE DESCRIBE IN DETAIL WHAT RENOVATIONS WILL BE MADE, DATE AND SIGN BELOW.**

**(1)** \_\_\_\_\_

\_\_\_\_\_

**(2)** \_\_\_\_\_

\_\_\_\_\_

**(3)** \_\_\_\_\_

\_\_\_\_\_

**(4)** \_\_\_\_\_

\_\_\_\_\_

**(5)** \_\_\_\_\_

\_\_\_\_\_

**(6)** \_\_\_\_\_

\_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNATURE OF APPLICANT:** \_\_\_\_\_

**(PLEASE SUBMIT A SET OF PLANS )**



**LICENSE INTERVIEW FORM**

**TYPE OF LICENSE APPLYING FOR:** \_\_\_\_\_

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

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

**EMAIL ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**PLACE OF BIRTH:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_ **MOTHER'S MAIDEN NAME:** \_\_\_\_\_

**ARE YOU A CITIZEN?**      **YES**                      **NO**                      **ALIEN CARD #** \_\_\_\_\_

**ARE YOU A VETERAN:**      **YES**                      **NO** \_\_\_\_\_

**RESIDENCES FOR LAST FIVE YEARS**

**DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**EDUCATION**

**DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**EMPLOYMENT HISTORY**

**DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_ **POSITION** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_ **POSITION** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_ **POSITION** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_ **POSITION** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_ **POSITION** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**(PLEASE SUBMIT THREE CHARACTER REFERENCES WITH APPLICATION)**



**STATE TAX VERIFICATION FORM**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.

\_\_\_\_\_  
\*Signature of Individual

\_\_\_\_\_  
By: Corporate Officer

\_\_\_\_\_  
\*\* Social Security #  
Voluntary or Federal ID #

**\*This license will not be issued unless this certification clause is signed by the applicant.**

**\*\*Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law Chapter 62C, Section 49A.**