

MANCHESTER-BY-THE-SEA

Town Hall, 10 Central Street

Manchester-by-the-Sea, Massachusetts 01944-1399

Telephone (978) 526-2000 FAX (978) 526-2001

SHORT TERM PAYING GUEST ACCOMODATIONS LICENSE APPLICATION

Owner's Name:
Property Address:
Map and Parcel #: Email:
Phone Numbers:
Owner's Agent/Secondary Contact:
Address: Email:
Phone Numbers:
Description of Rental Property listing number of bedrooms and number of sleeping spaces, bathroom(s) to be used by guests and other spaces available to guests. A maximum of four guests at one time is allowed. (Attach a sketch of your floor plan)
Describe what parking is available for guests: (provide the number of spaces and a sketch showing the location of the spaces being provided.)
Do you host any boarders in addition to short term guests? (Boarders count toward the 4 person limit.)YESNO If yes, how many?

(continue other side)

<u> </u>	e evidence of your fo	od handler's certificate	3.		
	evidence of a Title 5	system?YES compliant septic syste			
Provide evidence of pand approved by the		and carbon monoxide partment.	detectors as verified		
	ing guests. Do you p	insurance indicating li presently have such cov			
owner, I occupy this accurate. I also ackn name, address and da provided to the Town	premise and that the owledge and agree thates of visitation of endour request.	he pains and penalties above information is on maintain a guest region ach paying guest. The for information attached under the Massachus	complete and istry that records the registry will be ed or contained		
Law.	sorou a public record	a under the Massachus			
		DATE:			
Ommania Ciamatana					
Owner's Signature A processing fee of \$1 with your application Town Use Date R	l.	own of Manchester by Fee Received:	the Sea is required		
A processing fee of \$1 with your application	l.		the Sea is required		