CITY OF REVERE OFFICE OF THE LICENSE COMMISSION

<u>Fee: \$50</u>	
New:	
Renewal:	
Amend:	

<u>APPLICATION FOR LODGING HOUSE LICENSE</u>

ALL QUESTIONS MUST BE ANSWERED: Please type or print clearly

Licensee Name			
Business Telephone Number	E	mail	
Mailing Address (if different)			
Hours/Days of Operation			Number of Rooms
Owner			
Date of Birth	Tax I.D. #		
Home Address:			
Home Telephone#	Emai	<u> </u>	
Manager's Name			
Home Address			
Name of Property Owner			
ASSESSORS MAP/BLOCK/PARCEL#	MAP	BLOCK	PARCEL
Do you or any members of the above If so, please describe:	-	•	
Signature of Applicant(s)			Date
I certify under the penalties of perjury that, t taxes required under law	o the best of my knowle	edge and belief, I	have filed all state tax returns and paid all state
Print Name	<u> </u>	ignature of applic	cant
Tax I.D. #		Date:	
ANY FALSIFICATION OF THE AF DENIAL/REVOCATION	BOVE INFORMAT	TION WILL L	EAD TO IMMEDIATE
Approved:	Denied:		