



TOWN OF
CHESTER, MASSACHUSETTS

01011

BOARD OF HEALTH
Nicholas Chiusano
Elizabeth Massa
Gregory Harrison
15 Middlefield Street
Chester, MA 01011
413-354-7781
ChesterHealth@comcast.net

Application for Hospitality-Leisure

Application Status: Renewal / New
(Circle one)

Business Name: _____ Tel. No. _____

Business Address: _____

Mailing Address: _____

Owner/Corporation Name: _____ EMAIL: _____

Corporation Mailing Address: _____

Contact Name: _____ Contact Phone: _____

LICENSE REQUIRED	FEE	LICENSE REQUIRED	FEE
Bed & Breakfast (Up to 3 Rooms)		Motel/Hotel	
Bed & Breakfast (4+ Rooms)	\$150.00	Cabin	\$150.00
		Trailer Park/Campground	
		TOTAL DUE	\$ _____

Important: Under Chapter 152, Section 25c, Subsection 6, you must complete the attached Workers Compensation Insurance Affidavit Form and return it with this completed application.

Checks are to be made payable to the Town of Chester for the above 'Total Due' amount.

SIGNATURE: _____ DATE: _____