



# TOWN OF CHARLTON

37 MAIN STREET  
CHARLTON, MA. 01507  
508-248-2210

## BOARD OF HEALTH

Permit# \_\_\_\_\_

### APPLICATION FOR MOTOR HOME LICENSE

DATE \_\_\_\_\_

ANNUAL FEE \$30.00

*\*check made payable to Town of Charlton*

The undersigned hereby applies for a License in accordance with the provisions of that Statues relating thereto:

### **MOBILE HOME PARK**

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(PLEASE PRINT FULL NAME AND ADDRESS OF OWNER)

Give *business* location by street and number:

\_\_\_\_\_

In said Town of Charlton in accordance with the rules and regulations made under authority of Statues.

Number of rooms/efficiencies: \_\_\_\_\_

Water-  Municipal  Well Sewage-  Municipal  Septic

Business Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Federal I.D. Number \_\_\_\_\_

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*Signature of Applicant*