



*Town of Dennis Health Department
685 Route 134
South Dennis, MA 02660
508-760-6158 508-394-6289 (fax)*

Date Received: _____
Check Number: _____
Amount Paid: _____
Date Approved: _____

License(s) Application Form

<i>Establishment Name & Address</i>	<i>Business Owner & Address</i>

Phone:	Phone:
---------------	---------------

LICENSES (S)	FEE(S)
Motel	\$ 50
Inspection Fee	\$ 5 per room
<i>Total Amount Due:</i>	<i>\$</i>

Please make checks payable to "Town of Dennis"

Email Address:
Emergency phone number:
Opening Date-(Seasonal Establishments Only):

Comments: _____

Signature _____ Date _____