

Town of Ludlow Board of Health 488 Chapin Street Ludlow, Ma 01056 (413) 583-5600 x1271

License to Operate a Mobile Home Park

Name of Establishment:	Date:
Business Address:	Phone#:
Mailing (if Different):	Email:
Owner/President:	
Manager/Agent/Operator:	# of Units:
Water Source: Sewe	r Source:
*If private well water is the source, plea	se provide a recent copy of well quality test with application.
Rubbish Hauler:	Frequency of pick up:
Health a copy of the rules currently in e accompanied by a written certification absence of disapproval by the Secretary It is required that you obtain a copy of park. The Ludlow Board of Health enfo	censed by the local Board of Health and shall annually submit to the Board of fect in the community with the license application. Such rules shall be from the prospective licensee with respect to submission to and approval, or and the Attorney General of such rules. The State Attorney General's Regulations, 940 CMR 10.00 to keep on site at your ces State and Local Sanitary Codes and responds to complaints regarding any the State Attorney General's Regulations online by typing in a web search for: 940
*Any renewal application received after	r December 31 st will be subject to a 50% late fee.
to comply with all applicable rules and	officer of the above business and all of the information provided is true. I agree regulations (940 CMR 10.00). I agree to allow the Board of Health or its agents wide all required information. I agree to pay all appropriate fees at the time of
Print Name of Applicant	Signature of Applicant
Mobile Home Park License Fee \$120.00	(Cash or Check) Payable to: Town of Ludlow
*Valid January 1 st through December 3	1 st Annually
DEPARTMENT HEAD	FOR OFFICE USE ONLY DATE APPROVED DENIED

NOTES: