

**CITY OF SPRINGFIELD**  
**LICENSING DEPARTMENT**  
**36 COURT STREET, ROOM 305**  
**413-787-6140**  
**FAX 413-787-6528**

**APPLICATION FOR**  
**LODGING HOUSE LICENSE**  
**2025**

TO THE LICENSE COMMISSION OF THE CITY OF SPRINGFIELD:

The undersigned petitions for a LODGING HOUSE LICENSE at:

Name of Applicant: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Telephone Number: \_\_\_\_\_

Owner of Building: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

Telephone Number of Owner: \_\_\_\_\_

Number of Floors: \_\_\_\_\_ Total Number of Rooms: \_\_\_\_\_

Number of Rooms on EACH Floor: (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_ (3<sup>rd</sup>) \_\_\_\_\_ (4<sup>th</sup>) \_\_\_\_\_

Who will MANAGE the LODGING HOUSE License?

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

I understand that prior to the issue of a Lodging House License by the License Commission; I must first have the premises inspected by the Building Department, Fire Department and Health Department. **Certification from each dept must be submitted with this application.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_