

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

APPLICATION FOR
LODGING HOUSE LICENSE
2026

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: (1st)_____ (2nd)_____ (3rd)_____ (4th)_____

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: _____