



City of Chelsea  
**LICENSING COMMISSION**  
 City Hall, 500 Broadway  
 Chelsea, MA 02150

Telephone: 617-466-4050  
 Fax: 617-466-4059  
 dclayman@chelseama.gov

Deborah A. Clayman  
 City Clerk

APPLICATION FOR ROOMING HOUSE LICENSE

- 1) Name of rooming house: \_\_\_\_\_
- 2) Street and number: \_\_\_\_\_
- 3) # of floors: \_\_\_\_\_ # of rooms: \_\_\_\_\_ # of lodgers: \_\_\_\_\_
- 4) Owner: \_\_\_\_\_
- 5) D/Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_
- 6) Home address: \_\_\_\_\_
- 7) Home telephone: \_\_\_\_\_
- 8) Business telephone: \_\_\_\_\_
- 9) If owner is a corporation, state the following information for the principal officers:
  - Name of President \_\_\_\_\_
  - Social Security # \_\_\_\_\_ D/Birth \_\_\_\_\_
  - Home Address \_\_\_\_\_
  - Home Telephone # \_\_\_\_\_
  - Name of Secretary \_\_\_\_\_
  - Social Security # \_\_\_\_\_ D/Birth \_\_\_\_\_
  - Home Address \_\_\_\_\_
  - Home Telephone # \_\_\_\_\_
  - Name of Treasurer \_\_\_\_\_
  - Social Security # \_\_\_\_\_ D/Birth \_\_\_\_\_
  - Home Address \_\_\_\_\_
  - Home Telephone # \_\_\_\_\_
  - Name of Clerk \_\_\_\_\_
  - Social Security # \_\_\_\_\_ D/Birth \_\_\_\_\_
  - Home Address \_\_\_\_\_
  - Home Telephone # \_\_\_\_\_
- 10) Manager of rooming house: \_\_\_\_\_
- 11) Manager's social security #: \_\_\_\_\_
- 12) Home address of manager: \_\_\_\_\_

13) Home telephone: \_\_\_\_\_ Business telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Federal Tax ID Number

\_\_\_\_\_  
Date

=====

I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Federal ID or Social Security #

\_\_\_\_\_  
Date

Return completed application to Deborah A. Clayman, City Clerk, City Hall, 500 Broadway, Room 209, Chelsea, MA 02150, along with the following:

- 1) Application fee (non-refundable) in the amount of \$50, payable to the City of Chelsea by check or money order only (not applicable for renewals);
- 2) Copy of Business Certificate or Articles of Organization;
- 3) Certificate of Good Standing from the Massachusetts Department of Revenue;
- 4) Certificate of occupancy or application for same.

Upon receipt of completed application, a public hearing will be scheduled by the Licensing Commission. Upon approval of application, applicant will be required to pay the following license fee annually, payable to the City of Chelsea by check or money order only:

- a) \$75 (1 - 9 rooms), or
- b) \$150 (10 and more rooms)

The license applied for, if granted, cannot be sold, transferred or surrendered without the authority of the Chelsea Licensing Commission.