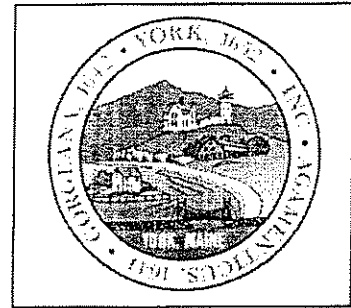


TOWN OF YORK
Application for License
Hotels/Motels w/Rental Accommodations
with Cooking Facilities



Application to be returned by no later than _____

MAP/LOT _____ ZONE _____ LICENSE YEAR _____

Business Name _____

Business Location _____

Phone Number _____

Owner's Name and
Mailing Address _____

Inspection Date _____
Fee (NEW) _____
Fee (RENEW) _____
\$50. per year PLUS \$25. for each 10 rooms

Is business closed more than 120 consecutive days annually? Yes No

Number of rooms w/cooking facilities _____ Permit required Yes No

Is owner the same operator as prior year? Yes No

State Eating & Lodging Permit # _____ Expiration Date _____

Fire Marshal Permit Yes (Attach copy of Permit) No

Handicap accessibility Yes No

I certify that no length of stay has or will exceed 90 days in any 120 day period and that the above statements are true and I understand that any false statements may be cause to revoke a License. Violations of the rules governing these units may result in a one (1) year suspension of use.

Applicant's Signature _____

Date _____

OFFICE USE ONLY

Conforming Use

Non-conforming Use

Existing

Room Register Yes No

Maximum length of stay less than 90 days in 120-day period for any accommodation with cooking facilities:

<100 cubic feet (footprint x height) kitchen size: _____ Maximum length 10'

_____ Minimum depth 2'

CONDITIONS:

Issued pursuant to the provisions of the Town of York Licensing Procedure for Motels/Hotels with Rental Accommodations with Cooking Facilities, adopted November 7, 1995.

Town Manager for the Board of Selectmen

Date