



# BOARD OF HEALTH

CHARLES E. SHEPARD MUNICIPAL BUILDING

48 High Street • P.O. Box 478 • Warren MA 01083 • Tel. 413- 436-5701 ext:112



**Public Health**  
Prevent. Promote. Protect.

## Annual License to Operate a Mobile Home Park

Fee: \$200.0 – Payable to the Town of Warren

Name of Establishment: \_\_\_\_\_ Date: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing (If Different): \_\_\_\_\_

Owner/President: \_\_\_\_\_

Manager/Agent/Operator: \_\_\_\_\_

Number of Units: \_\_\_\_\_

Water Source: \_\_\_\_\_

Sewer Source: \_\_\_\_\_

\*If private Well Water is the source, please provide a recent copy of the Well quality test with application

Rubbish Hauler: \_\_\_\_\_ Frequency of Pick up: \_\_\_\_\_

*According to the State Attorney Generals Regulations 940 CMR 10.00: Manufactured Housing Community Regulations, Mobile Home Parks are required to be licensed by the local Board of Health and shall annually submit to the department a copy of the rules currently in effect in the community with the license application. Such rules shall be accompanied by a written certification from the prospective licensee with respect to submission to and approval or absence of disapproval by the Secretary and the Attorney General of such rules.*

*It is required that you obtain a copy of the State Attorney General Regulations, 940 CMR 10.00 to keep on site at our park. The Warren Board of Health enforces State and Local Sanitary Codes and responds to complaints regarding any health and safety issues. You can find the State Attorney General Regulations online by typing in a web search for 940 CMR 10.00*

**\*Any renewal application received after July 1<sup>st</sup> will be subject to a 50% late fee.**

**I hereby certify that I am the owner or officer of the above business and all of the information provided is true. I agree to comply with all applicable rules and regulations (940 CMR 10.00) I agree to allow the Warren Board of Health, or its agents access to the establishment, and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.**

\_\_\_\_\_  
**Print Name of Applicant**

\_\_\_\_\_  
**Signature of Applicant**

**Valid July 1<sup>st</sup> – June 30<sup>th</sup> Annually**