



# TOWN OF DUXBURY

BOARD OF HEALTH  
TOWN OFFICES  
878 TREMONT STREET  
DUXBURY, MASSACHUSETTS 02332-4499

Telephone (781) 934-1100

**APPLICATION FOR PERMIT TO OPERATE A BED & BREAKFAST    FEE: \$65.00**  
**(Does Not Include Food Permits)**

**Date:** \_\_\_\_\_

**Name of Establishment** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Mailing Address (if different)** \_\_\_\_\_

**Name & Title of Applicant** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address of Applicant** \_\_\_\_\_

**Name of Owner (if different from applicant)** \_\_\_\_\_

**Emergency Response Person: Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**NUMBER OF ROOMS FOR RENT:** \_\_\_\_\_ **NUMBER OF BATHROOMS** \_\_\_\_\_

**Dates of Operation if not Annual:** \_\_\_\_\_

**WATER SOURCE (Town)** \_\_\_\_\_ **(Other)** \_\_\_\_\_

**SEWAGE (Shared)** \_\_\_\_\_ **(Individual)** \_\_\_\_\_ **(Municipal)** \_\_\_\_\_

**NAME OF DUMPSTER COMPANY:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**NAME OF SEWAGE DISPOSAL COMPANY:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**NAME OF PEST CONTROL COMPANY:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

"The Mission of the Town of Duxbury is to deliver excellent services to the community in the most fiscally responsible and innovative manner while endeavoring to broaden our sense of community and preserve the unique character of our town."