

Town of Sandwich
The Oldest Town on Cape Cod



Health Department
16 Jan Sebastian Drive
Sandwich, MA 02563
(508) 888-4200
Fax: (508) 833-0018

2022
Application for Hospitality-Leisure

Application Status: Renewal / New
(Circle one)

Business Name: _____ Tel. No. _____

Business Address: _____

Mailing Address: _____

Owner/Corporation Name: _____ EMAIL: _____

Corporation Mailing Address: _____

Contact Name: _____ Contact Phone: _____

LICENSE REQUIRED	FEE	LICENSE REQUIRED	FEE
Bed & Breakfast (Up to 3 Rooms)	\$25.00	Motel/Hotel	\$75.00
Bed & Breakfast (4+ Rooms)	\$50.00	Cabin	\$75.00
		Trailer Park/Campground	\$75.00
		TOTAL DUE	\$ _____

Important: Under Chapter 152, Section 25c, Subsection 6, you must complete the attached **Workers Compensation Insurance Affidavit Form** and return it with this completed application, **no later than January 1, 2022.**

Checks are to be made payable to the **Town of Sandwich** for the above 'Total Due' amount.

SIGNATURE: _____ DATE: _____