



**TOWN OF EASTHAM**

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**BOARD OF HEALTH**

2500 State Highway, Eastham, MA 02642

508-240-5900

Fax 508-240-5908

Email: [health@eastham-ma.gov](mailto:health@eastham-ma.gov)

**THE FOLLOWING IS REQUIRED BEFORE THE APPLICATION AND FEE WILL BE ACCEPTED. NO EXCEPTIONS.**

- Copies of well water analysis**
- Certificate of Worker's Compensation Insurance (see attached)**
- Certificate of Liability Insurance**

**FOR SEASONAL FOOD ESTABLISHMENTS, OPENING INSPECTIONS MUST BE SCHEDULED AND CONDUCTED NO LATER THAN 2 WEEKS PRIOR TO PLANNED OPENING DATE.**



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**FOR BOARD OF HEALTH USE ONLY**

Date Rec'd: \_\_\_\_\_ \$  
Payment Type: \_\_\_\_\_  
 Well water analysis  
 Certificate of Worker's Comp  
 Certificate of Liability Insurance  
Reviewed By: \_\_\_\_\_  
 OK  Hold \_\_\_\_\_

**HOTEL/MOTEL/COTTAGE COLONY/CAMPGROUND APPLICATION**

Renewal	*New _____	*New businesses must meet with the Health Agent and file application at least 30 days prior to opening.
Establishment Name:		
Establishment Address:		
Establishment Mailing Address (if different):		
Establishment Phone #:		
Applicant Name:		
Applicant Address:		
Applicant Mailing Address (if different):		
Applicant Phone #:		
Address:		
Phone #:	24 Hour Emergency #:	
Email Address:		
Water Source:	DEP Public Water Supply # (if applicable):	
Sewage Disposal:		
Days and Hours of Operation:		
If Seasonal, operational dates:		
Number of Units:		
Total Guest Capacity:		
Restaurant on Premises (if yes, food establishment application required):		
Snack Bar on Premises (if yes, food establishment application required):		
Continental Breakfast Served to Guests (if yes food establishment application required):		

*Pursuant to MGL Ch. 62C section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes as required by law.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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