



TOWN OF ROCKLAND

Board of Health

Town Hall
242 Union Street
Rockland, Massachusetts 02370

Dear Mobile Home Operator:

Enclosed please find your license renewal application to operate a Mobile Home Park in the Town of Rockland for the current Fiscal Year.

Applications must be filed with the Board of Health
Please provide the following:

- Completed and signed application
- Certificate of General Liability Insurance
- Certificate of Workers Comp Liability (if applicable)

Insurance rider must be addressed to:

**The Town of Rockland BOH
242 Union St
Rockland, MA. 02370**

- Copy of the Mobile Communities Rules & Regulations
- **Check for \$200.00 payable to the Town of Rockland**

Thank you for your prompt attention to this matter, if you have any further questions please contact the Board of Health Office.

Thank you,

Delshaune R. Flipp

Delshaune Flipp
Administrative Assistant

Telephone: (781) 616-6815

Fax: 781-871-2644

dflipp@rockland-ma.gov



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APPLICATION FOR LICENSE OPERATE A MOBILE HOME PARK FEE \$200.00

APPLICATION FOR: NEW () RENEWAL ()

Name of Park: _____

Address: _____ # Of units/Spaces: _____

Manager: _____

Telephone #: _____ Email: _____

Owner of Business: _____

Owners Address: _____

Telephone #: _____ Fax _____ Email: _____

Person to contact regarding:

Licensing: _____

Address: _____

Telephone #: _____ Fax _____ Email: _____



In accordance with Massachusetts General Laws, Chapter 233, Section 34, the Commissioner of Revenue requires, as of August 1, 1983, that all cities and towns over 5,000 require the following statement before issuing the above license.

PURSUANT TO M.G.L., CH. 62C, 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State Taxes required under law.

Driver's License # or Federal I.D. #

Signature of Individual or Corporate Name

Corporate Officer (If applicable)

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