



**TOWN OF WINTHROP
BOARD OF APPEALS
Town Hall
1 Metcalf Square
Winthrop, Massachusetts 02152
617-846-1742 Ex. 3**

Darren Baird, Chairman

Fred Gutierrez,
Member

Irene Dwyer, Member

Thomas Chiudina,
Associate Member

Jason Wright,
Associate Member

Marcus Cantu,
Associate Member

Joanne M. DeMato,
Clerk

**BED & BREAKFAST/TRANSIENT LODGING LICENSE PROCEDURE
CHECKLIST**

1. Arrange for site visit with Board of Health, Fire Department, and Building Department including Wire & Plumbing. Inspection fees determined by the Building Dept.
2. File 10 copies of all materials (1-5) of Board of Appeals Special Permit Application with the Town Clerk's Office. (See Board of Appeals Web Page for more information on this application.) Applicant will be required at time of filing to provide 10 copies of all materials defined in BOA App including:
 - a. 2 sets of Labels of Abutters (provided by the Assessor's Office)
 - b. BOA Application Fee \$375 – made payable to Town of Winthrop- (Renewals are exempt)
 - c. Winthrop Transcript Advertisement Fee - \$100 – made payable to Winthrop Sun Transcript
 - d. Bed & Breakfast Permit Fee of \$100 – made payable to Town of Winthrop
 - e. Parking management plan demonstrating sufficient parking
 - f. Written statements from the Treasures/Collector clearing any tax encumbrances
3. If Special Permit is granted, you must wait the standard time in case of appeal, as with any BOA Decision.
4. If no appeal was filed, visit the Town Clerk's Office for a Certified Copy of Decision – fee \$5.
5. Take the Certified Decision to the Suffolk County Registry of Deeds (24 New Chardon Street Boston, 02114) and have it recorded.
6. Take the recorded Certified Decision to Building Department to make arrangement to receive Occupancy Permit.



**Town of Winthrop
Zoning Board of Appeals
Bed & Breakfast License Application**

Proprietor's Name: _____
First, Middle Initial, Last Name

Proprietor's Residential Address: _____
Street Number and Address

City/Town, State and Zip Code

Telephone Number: _____
Home: _____ Business: _____

Business Name: _____

Business Address: _____ **WINTHROP, MA 02152**
Street Number and Address

I herein certify under penalty of perjury that, to the best of my knowledge and belief, I have filed all state tax returns and have paid in full all state and local taxes, fees or other assessments due to the Commonwealth of Massachusetts or the Town of Winthrop.

SIGNED: _____ / _____
Signature of Individual Owner Signature of Co-Owner

TAX I.D.# _____ **DATE:** _____

WARNING:

- This license will not be issued unless the applicant signs this certification.
- Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency status will be subject to license suspension or revocation.

LICENSE GRANTED AND RELEASED:

DATE: _____

FEE: \$100.00

**IMPORTANT NOTICE:
THIS LICENSE EXPIRES
2 YEARS FROM THE DATE
GRANTED.**

DATE PAID: _____