



**APPLICATION FOR OPERATION OF A LODGINGHOUSE**

*(Please print or type)*

Date \_\_\_\_\_ Location of Lodginghouse \_\_\_\_\_

Identify local or national Fraternity or Sorority  
that members are pledged to (if applicable) \_\_\_\_\_

Property Owner \_\_\_\_\_ Business Phone \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Operator/Resident Agent \_\_\_\_\_ Business Phone \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Number of Persons Authorized to reside on premises \_\_\_\_\_

**I hereby certify that the information listed above is complete and accurate:**

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Name (Printed or Typed)

\_\_\_\_\_  
Signature of Operator/Resident Agent

\_\_\_\_\_  
Name (Printed or Typed)

**I hereby certify that the above named Sorority or Fraternity is duly recognized by Keene State College, and is in good standing with the College:**

\_\_\_\_\_  
Signature of College Representative

\_\_\_\_\_  
Name and Title (Printed or Typed)

*(For Office Use Only)*

Date Received \_\_\_\_\_ Action Taken \_\_\_\_\_

**Recommendations/Requirements**

Police \_\_\_\_\_

Fire \_\_\_\_\_

Code Enforcement \_\_\_\_\_

\_\_\_\_\_  
City Clerk