



Board of Health  
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 Director of Public Health: Merridith A. O'Leary, R.S.

<b>FOR BOARD OF HEALTH USE ONLY</b>	
Date:	_____
Amt Received:	_____
Cash/Check No:	_____
Received by:	_____

## 2020 APPLICATION TO OPERATE A STABLE PERMIT

PERMIT FEE: \$25.00: **ALL FEES PAID ARE NON-REFUNDABLE**

**NO PERMITS WILL BE ISSUED IF TAXES ARE OWED**

*Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.*

*In Accordance with the provisions of the Authority of the General Laws of the Commonwealth of Massachusetts, Chapter 111, Section 155, application is hereby made to operate a Stable*

Establishment Name: (dba): \_\_\_\_\_ Establishment Tel.#: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant Name and Title: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Applicant Telephone #: \_\_\_\_\_

Owner Name & Title (if different from applicant): \_\_\_\_\_

Owner Address: \_\_\_\_\_

Number of Barns: \_\_\_\_\_

Stables: \_\_\_\_\_

Pens: \_\_\_\_\_

Kennels: \_\_\_\_\_

Number of Animals: \_\_\_\_\_

Cattle: \_\_\_\_\_ Swine: \_\_\_\_\_ Chickens: \_\_\_\_\_ Horses: \_\_\_\_\_

Geese: \_\_\_\_\_ Goats: \_\_\_\_\_ Ducks: \_\_\_\_\_ Sheep: \_\_\_\_\_

Rabbits: \_\_\_\_\_ Dogs: \_\_\_\_\_ Other Animals: \_\_\_\_\_

<u>Type of Building (s)</u>	<u>Floor Type:</u>
Wood: _____ Concrete/Brick: _____	Cement: _____ Wood: _____
Other: _____	

Insect, Rodent Control Method (Briefly) \_\_\_\_\_

How Manure is Stored, Disposal Method: \_\_\_\_\_

Water Source:    Public    Well                      Sewage Disposal:    Public    Well

**PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON**

Signature of Applicant or Corporate Signature: \_\_\_\_\_