



Board of Health
 212 Main Street
 Northampton, MA 01060
 Tel: (413) 587-1214 • Fax: (413) 587-1221
 Director of Public Health: Merridith A. O'Leary, R.S.

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

2021 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: <input type="checkbox"/> Public <input type="checkbox"/> Well	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Well
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PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

Signature of Applicant or Corporate Signature: _____