



Town of North Attleboro
Board of Health
43 South Washington Street
North Attleboro, MA 02760

Date rec. _____
Amount paid \$ _____
Check # _____
License # ST _____
Licensed issued: _____
Date of inspection _____
All documents received _____

For office use only

New Renewal license application for:

STABLE

License valid through: **July 31, 201_**

Fee: \$ 50.00+

up to 4 Horses: \$50 plus \$5 for each additional horse, after a public hearing
\$125.00 late fee if renewal application is received after July 31st

Name of Owner:	
Stable Location:	
Owner's Mailing Address (if different):	
City, State, Zip:	
Telephone #:	Fax #:
# of Horses:	Federal SSN or TIN #:
Stable Manager's Name:	
Stable Manager's Address:	
City, State, Zip:	
E-Mail Address:	

The undersigned hereby applies for a license in accordance with the provisions of the Town of North Attleboro Board of Health **Stable Rules and Regulations**, made under authority of M.G.L. c.111 §31.

- This license will be non-transferable, valid for one year expiring July 31st, and its fee cannot be pro-rated.
- Make check payable to the Town of North Attleboro and return your application with check to Board of Health.
- A license will not be issued unless the information requested is complete and the applicant signs the certification statement below.
- Your Federal Social Security Number (SSN) or Tax Identification Number (TIN) is requested under the authority of MGL c.62C §49A and will be furnished to the MA Dept. of Revenue to determine whether you have met your tax filing or tax payment obligations. Applicants who fail to correct their federal, state, or local tax delinquency or non-filing obligations will be subject to the suspension, revocation or non-renewal of their Board of Health-issued license(s).

All new applicants are required to:

1. Appear before the Board of Health to review the application prior to its initial approval.
2. Attach a signed and dated attestation of the owner that the above Board of Health **Stable Rules and Regulations** have been received, read and understood.
3. Attach the certified property plans, detailed floor plans and stable maintenance plans required in the above regulations.

I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all required federal and state tax returns and paid all applicable federal, state and Town of North Attleboro taxes required under law.

Signature of stable owner

Date

Print name