

TOWN OF SAUGUS BOARD OF HEALTH

298 CENTRAL STREET, SUITE 9 SAUGUS, MASSACHUSETTS 01906



ANIMAL KEEPER APPLICATION

CONTACT INFORMATION

Application Name: _____

Director of Board of Health

Address: _____

Stable Name: _____

Telephone Number: _____

ANIMAL INFORMATION

List any kind of and number of animals being kept on property:

FEE

The license fee is **\$25.00; plus \$5.00 per horse; \$1.00** per any other animal. Please return this application and fee must be returned to our office by December 31, 20___.

Fee: _____

AUTHORIZATION

I hereby certify, under the pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in anyway.

Signature of Applicant Date:	Signature of Applicant		Date:
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FOR BOARD OF HEALTH USE ONLY

Date Received	Check Number	Permit No.	Amount	Taxes and Fees Paid	Late Fee \$50.00		