

THE COMMONWEALTH OF MASSACHUSETTS

Town of Auburn

Board of Health
104 Central Street
Auburn, MA 01501

Tel: (508) 832-7703 Fax: (508) 832-4219

APPLICATION FOR LICENSE

Date: _____

TO THE LICENSING AUTHORITY:

In accordance with the provisions of the Statutes relating thereto, application for license is hereby made by:

Applicant Name: _____

Applicant Address: _____

Applicant Telephone Number: _____

LICENSE TO OPERATE AN ANIMAL HOSPITAL, PET CENTER, STABLE OR KENNEL

Fee: \$50.00

If Stable or Kennel

animals _____

SIGNATURE

ADDRESS

PLEASE INCLUDE A PLOT PLAN SHOWING LOCATION OF PEN IF THIS IS A NEW APPLICATION. ALSO INCLUDE PROCEDURE FOR COLLECTION AND DISPOSAL OF ALL ANIMAL WASTE.

The Massachusetts Enforcement and Protection Program, Statute 233, and the emergency regulations implemented thereunder by the Commissioner of Revenue, 830 Code of Massachusetts Regulations 62C.47, require the Town of Auburn to furnish certain information to the Department of Revenue.

Any person who is applying for a right or license to conduct a profession, trade or business, or for the renewal thereof, must certify under the penalties of perjury upon such application that he/she has complied with all the laws of the Commonwealth relative to taxes. Said license or renewal may not be issued without such certification.

"Pursuant to M.G.L., Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by law."

Social Security/Federal ID Number

Signature of Applicant