

FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. STA -	YEAR 2011
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APPLICATION FOR PERMIT TO OPERATE A STABLE

CASH
CHECK



NORTHAMPTON BOARD OF HEALTH
212 MAIN STREET
NORTHAMPTON, MA 01060
(413) 587 - 1214

LICENSE FEE: \$25.00

Date: _____

Name of Stable _____

Business Address _____

Mailing Address (If different) _____

Name & Title of Applicant _____

Address of Applicant _____

Name of Owner (If different) _____

If corporation or partnership, give name, title & home address of officers or partners.

Name Title Home Address

In accordance with the provisions of the Statutes relating thereto, application for a Stable Permit is hereby made to operate a STABLE in Northampton, Massachusetts.

Telephone #

Social Security or Federal ID #

Signature of Owner or Corporate Officer

Email Address

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON