

BOARD OF HEALTH  
TOWN OF SEEKONK  
MASSACHUSETTS 02771

APPLICATION FOR STABLE LICENSE

Full name of applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address of stable, if different: \_\_\_\_\_

Number of horses: \_\_\_\_\_

Stable size and type: \_\_\_\_\_

Number of stalls and type: \_\_\_\_\_

Distance from street line: \_\_\_\_\_

Distance from well: \_\_\_\_\_

Distance from abutting property owners: \_\_\_\_\_

Distance from manure pile storage from abutting property lines: \_\_\_\_\_

Fee: Annual \$40.00 – Must be submitted with the detailed plan as outlined in Section 10.1.4

Please complete front and back of the application

Expires December 31,

What provisions will be made to store and/or dispose of manure? \_\_\_\_\_

\_\_\_\_\_

What provisions will be made for Pest and Rodent Control? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pursuant to M.G.L. Ch. 62C. sec. 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 Number  
Federal Identification  
Number

\_\_\_\_\_  
Signature of Individual or Corporate  
Name

By: \_\_\_\_\_  
Corporate Officer  
(if applicable)