

OFFICE OF THE
BOARD OF HEALTH

Fee: \$50.00

13 EAST CENTRAL ST.
NATICK, MASSACHUSETTS 01760
PHONE 508 647-6460 * FAX 508 647-6466

APPLICATION FOR LIVESTOCK LICENSE

To the Licensing Authorities:

The undersigned hereby applies for a License in accordance with the provision of the Statutes relating thereto

Full Name Of Person, Firm Or Corporation Making Application

Location By Street And Number In The Town Of Natick

Telephone

mailing address if different from above

List Number And Type Of Livestock (including bees if there is a house on the property)

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 under law.

Signature of Individual or Corporate Name
(Mandatory)

Corporate Officer
(Mandatory if applicable)

S.S. # (Voluntary) or Federal I.D.#

**THIS LICENSE WILL NOT BE ISSUED UNLESS THE APPLICANT SIGNS THIS CERTIFICATION
CLAUSE.**

Your S.S. # will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax obligations. Licensees who fail to correct their non-filing or delinquency will be subject to License suspension or revocation. This request is made under the authority of Massachusetts G.L. c. 62C s. 49A.

Signature of Applicant

Address