



CITY OF FALL RIVER, MASSACHUSETTS

Inspectional Services Division

BOARD OF HEALTH

Permit Application For Pet Shop Establishment

Fee: \$100.00

PERMIT HOLDER:

(Owners Name)

(Owners Address)

(City/Town)

(Zip)

(Telephone)

(Cell Phone)

Federal Tax ID #

I hereby apply for a license to operate a Pet Shop Establishment at:

Business Name

Address

City/Town

Zip

in accordance with the Rules and Regulations of the Board of Health and the provisions of the Massachusetts General Laws.

Applicant's Name (Please Print)

Title

Applicant's Signature (**Required**)

Date

All permits shall expire December 31st following the date of issue,
and may be revoked for cause at any time by the Board of Health.

Permits are non-transferable.

Please remit check/money order to:

**City of Fall River
Board of Health Office
One Government Center / Room 431
Fall River, MA 02722**

For Office Use Only:

Tax Certification complete Approval to issue license Initials of inspector _____ Date _____