



CITY OF FALL RIVER, MASSACHUSETTS

Inspectional Services Division

BOARD OF HEALTH

Permit Application for Keeping Animals

Fee: \$100.00

PERMIT HOLDER:

(Name)

(Home Address)

(City/Town)

(Zip)

(Home Telephone)

(Cell Phone)

TYPE OF ANIMAL:

HOW MANY

I hereby apply for a license to keep the above animals at:

(Address)

(Zip Code)

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)

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 _____