



CITY OF FALL RIVER, MASSACHUSETTS

Inspectional Services Division

BOARD OF HEALTH

Permit Application for Pet Shop Establishment

Fee: \$100.00

Late Fee: \$100.00

PERMIT HOLDER:

(Owners Name)

(Owners Address)

(City/Town)

(Zip)

(Telephone)

(Cell Phone)

(Federal Tax ID #)

(MA Dept. Agricultural Resources Lic. #/Exp. Date)

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

Please provide the following with your application:

1. A completed Tax Certification Form, signed by the City Collector (2nd Floor)
2. A completed and signed Worker's Compensation Insurance Affidavit
3. Payment of the current application fee, by check or money order, payable to the City of Fall River

Note: Failure to enclose these completed and signed forms will result in a returned application.

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.

For Office Use Only:

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