



# CITY OF FALL RIVER, MASSACHUSETTS

## Inspectional Services Division

### BOARD OF HEALTH

#### Permit Application for Keeping Animals (New applicants)

Application Fee: \$50.00     Permit Fee: \$100.00

#### PERMIT HOLDER:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Home Address)

\_\_\_\_\_  
(City/Town)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Home Telephone)

\_\_\_\_\_  
(Cell Phone)

#### TYPE OF ANIMAL:

#### MAXIMUM NUMBER OF ANIMALS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
(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)

\_\_\_\_\_  
Applicant's Signature **(Required)**

\_\_\_\_\_  
Date

#### Please provide the following with your application:

1. A completed Tax Certification Form, signed by the City Collector (2<sup>nd</sup> Floor)
2. Payment of the current application fee, by check or money order, payable to the City of Fall River
3. Plot Plan
4. Management Plan
5. Owner consent form (if applicable)

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

All permits shall expire on May 31<sup>st</sup> 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 \_\_\_\_\_