



CITY OF FALL RIVER, MASSACHUSETTS

Inspectional Services Division

BOARD OF HEALTH

Permit Application for Keeping Animals (Renewal)

Permit Fee: \$100.00

late 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 (2nd Floor)
2. 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 on May 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 _____