

Methuen Health Department
90 Hampshire Street
Methuen, MA 01844
Telephone: 978-983-8655
Fax: 978-983-8988

Fee:	Expires: 11-30-07
Late Fee: \$10/day	Permit #
Paid Date:	

APPLICATION FOR A *LIVESTOCK* PERMIT AND RENEWAL

NEW APPLICATION ONLY:

Zoning Clearance Approval: _____ Date: _____

Information Required for All Applicants:

NAME AND ADDRESS

Full Name:		Telephone:
Address:	City:	State and Zip Code:

LOCATION OF LIVESTOCK: Please include a plan drawn to scale showing the location of buildings.

Address: Street name and number	City:	State and Zip Code:
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PLEASE CHECK ONE

FEE

PLEASE STATE THE AMOUNT OF LIVESTOCK FOR EACH CATEGORY

PLEASE CHECK ONE	FEE	PLEASE STATE THE AMOUNT OF LIVESTOCK FOR EACH CATEGORY
<input type="checkbox"/> Exotic Species	\$150.00	
<input type="checkbox"/> Goats, Cattle, and Sheep	\$ 30.00	
<input type="checkbox"/> Horse – Individual use	\$ 35.00	
<input type="checkbox"/> Horse Stable	\$ 60.00	
<input type="checkbox"/> Other Animal(s)	\$ 35.00	
<input type="checkbox"/> Poultry – Individual Use	\$ 35.00	
<input type="checkbox"/> Poultry – Commercial Use	\$ 100.00	

I understand that I must comply with the Board of Health regulations for keeping livestock in the City of Methuen and that the issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or licenses, and zoning requirements under local, state, federal, or other regulatory agency.

Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security No. or Tax Identification Number:	
Signature of Individual:	Date Signed:

Payment shall accompany this application and please make a check or money payable to the "City of Methuen."