



**Town of Rowley
Board of Health
P. O. Box 783
Massachusetts 01969**

Tel. (978) 948-2231

E-Mail health@townofrowley.org

**STABLE PERMIT RENEWAL APPLICATION
~~~~PLEASE FILL OUT ALL APPLICABLE INFORMATION~~~~**

Applicant name:

Applicant address:

Applicant telephone number:

Contact person, address, telephone, if different:

Mobile Phone:

Email Address:

Applicant's business name or d/b/a:

Premises street address:

Restrictions : Maximum # of Horses

I request the renewal of the above license/permit. I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required by law. License will not be issued unless this certification clause is signed by the applicant

\_\_\_\_\_  
\*Signature of Individual of  
Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer  
(Mandatory, If Applicable)

\_\_\_\_\_  
\*\*Social Security # (voluntary) or Federal Identification Number

Mail this form to: Rowley Board of Health, P.O. Box 783, Rowley, MA 01969. **Please include a check for the \$30.00 license fee.**

\*\*Your social security number or Federal Identification Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocations. This request is made under the authority of Massachusetts General Law Chapter 62C Section 49A.

BOH USE ONLY: PERMIT ISSUED DATE \_\_\_\_\_ NUMBER \_\_\_\_\_ CK # \_\_\_\_\_