



Town of Carlisle
Office of
BOARD OF HEALTH
66 Westford Street
Carlisle, MA 01741

Tel.: (978) 369-0283
Fax: (978) 369-4521

**Fiscal Year 2012 Application
For the Keeping of Animals in Carlisle
(September 1, 2011 - August 31, 2012)**

To the Carlisle Board of Health:

Application is hereby made for a license in accordance with the provisions of Mass. General Laws, Ch. 111, Section 155 and Ch 129 Section 7:

Applicant:

Address:

Telephone: _____ Property Location: _____
(Address or map and parcel)

Property Owner (if different) _____

Address: _____ Telephone: _____

Type and Number of Animals:

Fee: \$25.00. A check payable to the "Town of Carlisle" must accompany this application.

FEE DUE NOVEMBER 1, 2011

Fee Paid: _____

I hereby agree to comply with the Board of Health Manure Management Regulations for keeping livestock in the Town of Carlisle and that the issuance of this license in no way releases me from the obligation to obtain any other permits or licenses required by any local, state, federal or other regulatory agency.

_____ Date: _____

Signature of Applicant

License Approved:

_____ **Date:** _____

Board of Health

_____ **Date:** _____

Animal Inspector