



Town of Mashpee

Board of Health
16 Great Neck Road North
Mashpee, Massachusetts 02649
(508) 539-1426

STABLE LICENSE APPLICATION

NAME OF STABLE: _____

ADDRESS OF STABLE: _____
(street, town & zip code) (phone - if any)

NAME OF OPERATOR: _____

ADDRESS OF OPERATOR: _____
(street, town & zip code) (phone number)

NAME OF OWNER: _____

ADDRESS OF OWNER: _____
(street, town & zip code) (phone number)

FEDERAL ID OR SOCIAL SECURITY #: _____ EMAIL ADDRESS: _____

NAME OF VETERINARIAN: _____

ADDRESS OF VETERINARIAN: _____
(street, town & zip) (phone number)

Is manure/used bedding material composted? Yes ___ No ___ If yes, distance in feet to the nearest well? _____

If no, who removes it from property? _____

How frequently? _____

Source of water Public well? Yes ___ No ___
Private well? Yes ___ No ___ If yes, date last tested _____

NUMBER OF HORSES/PONIES STABLED: _____

TOTAL NUMBER OF STALLS: _____

DATE OF LAST INSPECTION: _____

DATE OF LAST VACCINATION AGAINST TETANUS: _____ EASTERN ENCEPHALITIS: _____

LICENSE FEE: **\$50.00 +** _____ (NUMBER OF HORSES/PONIES X \$10.00)

FOR OFFICE USE ONLY :	
DATE APPLICATION RECEIVED _____	STRUCTURE MEETS ZONING BY-LAWS: _____
DATE LICENSE ISSUED: _____	SPECIAL PERMIT REQUIRED: _____
LICENSE FEE: _____	SPECIAL PERMIT RECEIVED: _____
LICENSE #: _____	STRUCTURE GRANDFATHERED: _____
ISSUED BY: _____	APPROVED BY: _____