Town of Wilmington
Board of Health

Application to Keep Animals – 2015

Fee $40.00

To the Licensing Authorities:

The undersigned hereby applies for a license in accordance with the provisions of the Statutes relating thereto:

_____
Full name of person, firm or corporation making application

_____
Address of person, firm or corporation making application

_____
Address of location of animals

_____
Phone # of Applicant Day Night

_____
Full name of person responsible for animals

_____
Phone # of responsible person Day Night

_____
E-mail Address Fax #

_____
Veterinarian Name Phone # Day Night

_____
Type and Number of Animals

in said Town of Wilmington, MA, in accordance with the rules and regulations made under authority of said Statutes.

_____
Signature of Owner of Property

_____
Signature of Applicant

Office Use Only
Date Received:_____
Amount Paid:_____
Check Number:_____
Permit Number:_____
Received By:_____
_____
Signature of Town of Wilmington Treasurer

Tel: (978) 658-4298 Fax: (978) 694-2045 TTY: (978) 694-1417 email:boh@wilmingtonma.gov