



Town of Wilmington

Board of Health
121 Glen Road
Wilmington, Massachusetts 01887

Application to Keep Animals – 2019 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 _____ Cell _____

Full name of person responsible for animals: _____

Phone # of person responsible for animals: Day _____ Cell _____

Would you like to receive your future applications and permits via email YES ☐ NO ☐

***E-mail Address _____

Veterinarian Name: _____ Phone #: _____

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