The Commonwealth of Massachusetts
TOWN OF HOLDEN
BOARD OF HEALTH
1196 Main Street, Holden, MA 01520
Phone 508-210-5542 Fax 508-829-0252

APPLICATION FOR PERMIT TO KEEP PIGS

No. _____ _____
Fee: $ 30.00 Expires December 31st, yearly (Date)

To the Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by

_____
(Print full name of person, firm or corporation making application)

_____
(Give location by street and number)

_____
(Phone) *(Fax)* *(Email)*

FOR KEEPING PIGS

_____
(Signature of Applicant)

_____
(Address)

Permit issued _____
(Date)

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

_____ _____
* Signature of Individual or Corporate Name (Mandatory) By: Corporate Officer (Mandatory, if Applicable)

_____
** Social Security # (Voluntary) or Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security 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 revocation. This request is made under the authority or Mass. G. L. c. 62C s. 49A.