



**TOWN OF RAYNHAM**  
Selectmen and Board of Health  
558 South Main Street  
Raynham, MA 02767  
Tel: 508-824-2766  
Fax: 508-824-1540

Date: \_\_\_\_\_

Fee: \$50.00 Initial Fee

**APPLICATION FOR ANNUAL STABLE PERMIT  
(AS REQUIRED BY MGL Ch. 111, Sec. 31 & 155)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS (If different): \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NUMBER OF HORSES: \_\_\_\_\_

NUMBER OF PONIES: \_\_\_\_\_

NUMBER OF OTHER\* (Describe): \_\_\_\_\_

\*Other animals may include chickens, ducks, goats, fowl, cattle, llamas, emus, etc.

VETERINARIAN'S NAME & PHONE: \_\_\_\_\_

Please attach a diagram of your property showing property lines, location of building(s) within those lines where horses, ponies and farm animals will be kept and the approximate number of feet from the buildings to the property lines. Also include a short description of your Manure Control Plan.

Permits expire on June 30<sup>th</sup> of each year.

APPLICANT'S SIGNATURE: \_\_\_\_\_

**Pursuant to MGL Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.**

**Social Security Number or Federal ID:** \_\_\_\_\_

**Signature of Individual or Corporate Name:** \_\_\_\_\_

Please Note: SSN or FID numbers shall be redacted if this application is included in a FOI Request