



**Form I**  
**Application for Miscellaneous Permits**  
**Lincoln Board of Health**

Name of Facility \_\_\_\_\_

Address of Facility \_\_\_\_\_

Assessor's Map \_\_\_\_\_ Parcel Number \_\_\_\_\_

Name of Owner \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Type of Permit(s)	Applicable Laws	Fee
<b>Miscellaneous Permits (Please check one)</b>		
<input type="checkbox"/> <b>Animal Pen (horses, ponies, or mules)</b>	<b>MGL, Ch. 111, s. 155</b>	<b>\$25</b>
<input type="checkbox"/> <b>Animal Pen (all other farm animals)</b>		<b>\$25</b>
<input type="checkbox"/> <b>Bathing Beach</b>	<b>105 CMR 430.000</b>	<b>\$0</b>
<input type="checkbox"/> <b>Swimming Pool (year-round/seasonal)</b>	<b>105 CMR 435.000</b>	<b>\$150</b>
<input type="checkbox"/> <b>Recreational Camp</b>	<b>MGL, Ch. 140, s. 32B</b>	<b>\$50</b>

*(Please fill both sides of this form out)*

I, the undersigned, hereby apply to the Lincoln Board of Health for the above-referenced permits in accordance with the listed applicable laws. 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 as required under law.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 By: Corporate Officer

\_\_\_\_\_  
 SS# or FID#

\_\_\_\_\_  
 Date of Application

Permit will not be issued unless certification clause is signed by applicant. Social security numbers will be furnished to Mass. Dept. of Revenue to determine whether applicant has 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 in accordance with MGL Ch. 62C, s. 49A.

## ANIMAL PERMIT APPLICANTS ONLY

Dealer: Yes \_\_\_\_\_ No \_\_\_\_\_

Adult Young

- |     |                                                                      |       |       |
|-----|----------------------------------------------------------------------|-------|-------|
| 0.  | Cattle (Adult= 2 years & over)                                       | _____ | _____ |
|     | Dairy                                                                | _____ | _____ |
|     | Beef                                                                 | _____ | _____ |
|     | Steers/Oxen                                                          | _____ | _____ |
| 1.  | Date of last tuberculin test for herd                                | _____ |       |
| 2.  | Goats (Adult =1 year & over)                                         | _____ | _____ |
| 3.  | Sheep (Adult = 1 year & over)                                        | _____ | _____ |
| 4.  | Swine: Breeders                                                      | _____ | _____ |
|     | Feeders                                                              | _____ | _____ |
| 5.  | Equines: Horses                                                      | _____ | _____ |
|     | Ponies                                                               | _____ | _____ |
|     | Equines Coggins/EAI Tested? _____                                    |       |       |
|     | Stable use: Private _____ Boarding _____ Training _____ Rental _____ |       |       |
|     | Lessons _____                                                        |       |       |
| 6.  | Llamas _____ Alpacas _____                                           |       |       |
| 7.  | Poultry: Chickens _____ Roosters _____ Turkeys _____ Ratites _____   |       |       |
|     | Waterfowl _____ Gamebirds _____                                      |       |       |
| 8.  | Rabbits _____ Other _____                                            |       |       |
| 9.  | Are animals listed free from contagious disease? _____               |       |       |
| 10. | Explain any problems briefly: _____                                  |       |       |

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For Office Use Only

Revised 8/2/99

Date of Filing: _____	
Permit Number: _____	Filing Fee: _____