Town of Sandwich
The Oldest Town on Cape Cod

Health Department
16 Jan Sebastian Drive
Sandwich, MA 02563
(508) 888-4200
Fax: (508) 833-0018

2022
APPLICATION FOR
STABLE/LIVESTOCK LICENSE

Application Status: Renewal / New
(Circle one)

Owner's Name: _____

Stable Address: _____

Owner's Mailing Address if different: _____

Contact Name: _____Contact Phone: _____

Contact E-mail: _____

****

Number of Horses/Ponies: _____ Number of Livestock: _____

Breed of Horses: _____ Type of Livestock: _____

Other Farm Animals Maintained at Premises (Please include numbers.) _____

_____

Date(s) of Last Inoculation(s): _____

Types: _____

Inoculations Administered By: _____

Total Calculated Nitrate Loading per Board of Health Stable/Livestock Regulation: ____

Location of Manure Disposal: _____

****

Checks are to be made payable to the **Town of Sandwich** for $40.00.

I have reviewed and complied with the Sandwich Board of Health Stable/Livestock Regulations.

_____ _____
Signature Date

Please return, completed, no later than January 1, 2022.