
	<p><b>CITY OF BEVERLY</b>  <b>Police Department</b></p> <p>John G. LeLacheur          CHIEF OF POLICE</p> <p>MATTHEW J. LIPINSKI          ANIMAL CONTROL OFFICER</p> <p>BEVERLY POLICE DEPARTMENT • 191 CABOT STREET • BEVERLY, MA • 01915          TEL: 978-605-2361          •          FAX: 978-921-8511</p>	
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## Kennel License Permit Application

Permit Number: \_\_\_\_\_ Date of Application: \_\_\_\_\_ Permit Fee: **\$100**  
 (Issued by City Clerk)

**Establishment:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Applicant:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Name of Property Owner:** \_\_\_\_\_

**Address of Property Owner:** \_\_\_\_\_

**Person Directly Responsible for Daily Operations** (Owner, Person in Charge, Supervisor, Manager, etc.)

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

**Average Number of Animals Over 6 Months of Age Kept on the Premises:** \_\_\_\_\_

**Kennel Veterinarian:** \_\_\_\_\_

**Services Provided (Check All That Apply):**

Daycare       Overnight Boarding       Pet Grooming   
 Training       Shelter Services       Veterinary Services

**I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the facility operation will comply with MGL Ch.140 Sec.137 as well as all other applicable law. I have been instructed by the City of Beverly Animal Control Department on how to obtain copies of the code(s) indicated above.**

**Signature of Applicant:** \_\_\_\_\_

**THIS IS NOT A PERMIT**