



Department of Agricultural Resources
251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



RIDING SCHOOL/STABLE LICENSE APPLICATION

Fee \$100.00

License # _____

MY STABLE NAME _____ DATE OF APPLICATION _____

STABLE ADDRESS _____

CITY _____ COUNTY _____ PHONE NUMBER _____

New License ___ Tentative opening date _____ Renewal ___ April 1, 20___ to March 31, 20___

Has this stable moved to a new location? YES ___ NO ___ **I Own / Lease this Stable (circle one)**

APPLICANTS NAME _____ PHONE NUMBER _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

MANAGER NAME _____ PHONE NUMBER _____

STABLE VETERINARIAN _____ PHONE NUMBER _____

Stable Capacity _____ Number of Horses Present _____

Horses used for: Lessons ___ Hay Rides ___ Carriage Rides ___ Pony Rides ___ Sleigh Rides ___
Rentals ___ Driving ___ Sale ___ Other (please specify) _____

Licensed Instructors: (please list)

Instructor License Number: (mandatory)

I/We certify under penalties of perjury that I/We have read the Laws and Rules & Regulations applicable to Riding School/Stables and Instructors, MGL Chapter 128 Sec. 2A & 2B and agree to abide by same. I/We certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes and that the requirements per Massachusetts General Law, Chapter 152, Workmen's Compensation have been complied with.

Signature of Applicant

Signature of Manager

APPLICATION FEE IS \$100.00 MADE PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS

Please send check or money order for \$100.00 only – **Do Not Combine with Riding Instructor Fee**

Mail To: Commonwealth of Massachusetts
P. O. Box 419168
Boston, MA 02241-9168