



BOXBOROUGH TOWN CLERK
29 MIDDLE ROAD
BOXBOROUGH, MA 01719
978-264-1727
rharris@boxborough-ma.gov

APPLICATION FOR KENNEL LICENSE

Date: _____ 20__

I, _____
Print Full Name Address

hereby make application for a Kennel License in compliance with Massachusetts General Law Chapter 140 §137A.

Number of Dogs: _____

Name of Kennel: _____ Phone Number: _____

Location of Kennel: _____

Name/Address of Kennel Owner (if different) _____

Description of Kennel Activity:

I have received a copy of M.G.L. Chapter 140 §137A and I agree to comply with all applicable provisions.

Signed under penalties of perjury:

Signature of Applicant: _____
Signature of applicant should be the same as name on first line

Approved: _____ Issue Date: _____
Town Clerk

Size of Kennel	License Fee	Payment Rec'd
Kennel up to 4 dogs	\$25.00	
5-10 dogs	\$50.00	
11+ dogs	\$75.00	