

MILTON BOARD OF HEALTH *COMMERCIAL STABLE PERMIT*

Supplemental Information

DATE: _____

NAME OF STABLE: _____

STABLE ADDRESS: _____

CURRENT CENSUS:	Type of Animal	Number	Max. Allowed
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

DESCRIBE YOUR MANURE STORAGE AND DISPOSAL PLAN:
(Include frequency of removal from the stable.)

“I certify that the information I have provided is true and accurate.”

Signature of Applicant: _____