



Department of Agricultural Resources

617-626-1700 fax: 617-626-1850 www.mass.gov/agr



NEW RIDING SCHOOL/STABLE LICENSE APPLICATION

Fee \$100.00

MY STABLE NAME _____ DATE OF APPLICATION _____

STABLE ADDRESS _____

CITY _____ COUNTY _____ PHONE NUMBER _____

Tentative opening date _____ We are Ready for Inspection After (Date:) _____

Operator below MUST include owner of horses held for hire

I Own / Lease this Stable (circle one)

OPERATOR NAME(s) _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

MANAGER NAME _____ PHONE NUMBER _____

STABLE VETERINARIAN _____ PHONE NUMBER _____

Stable Capacity _____ Number of Horses Present _____

Horses used for: Lessons _____ Hayrides _____ 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 and that I/We have never used the license or the status it affords us, or knowingly allowed anyone present at the Stable or Riding School on a regular basis, to engage or attempt to engage in any way in an unlawful act with a minor.

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