



Department of Agricultural Resources  
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



**RIDING SCHOOL/STABLE LICENSE APPLICATION**

Fee \$100.00

License # \_\_\_\_\_

STABLE NAME \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

STABLE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

New License \_\_\_ Opening date \_\_\_\_\_ Renewal \_\_\_ License Expires on the following March 31<sup>st</sup>.  
Has this stable moved to a new location? YES \_\_\_ NO \_\_\_ **I Own/Lease this Stable (circle one)**

OPERATOR NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
(The Owner of the horses held for hire MUST be one of the above named Operators.)

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 certify, under penalty of all applicable law, as to the truth, completeness, and accuracy of all information provided in or in connection with this form and that I am in good standing with all applicable laws of the Commonwealth. I further certify that I am in compliance with Massachusetts General Law, Chapter 152, Section 25C. I further certify under the penalties of perjury that, to my knowledge and belief, I have filed all state tax returns and paid all state taxes as required under law. By signing this form, I agree to all terms and conditions required for the issuance of a Riding School/Stable License and understand that any violations of the applicable laws of the Commonwealth may result in the denial, suspension, or revocation of my Riding School/Stable License.

\_\_\_\_\_  
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