



OFFICE USE ONLY	
DATE FILED:	_____
INITIALS:	_____
MUNI FINES DUE:	Yes No
PP TAX DUE:	Yes No
OCC. PERMIT:	Yes No
SELLER'S PERMIT:	Yes No
LP:	_____ CC: _____

KENNEL, HUMANE, & PET SHOP
CLK081/082/083/084 (rev. 11/17)
 CITY ORDINANCE 14.015

Fee: \$200.00/Year Expires: December 31, _____ New Renewal

Non-Commercial (CLK081) Commercial (CLK082) Humane Society (CLK083) Pet Shop (CLK084)

Licensee Name: _____ District #: _____
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Trade Name: _____ Trade Address: _____
STREET ZIP

Phone Number: _____ Email: _____
(Correspondence Will Be Via Email If Address Is Given)

If Individual, list:

a) Full Name: _____ DOB: ____ / ____ / ____
 Address: _____ Phone: _____
STREET CITY STATE ZIP
 Driver's License or State ID Number: _____
STATE NUMBER

If Partnership or Corporation, list for **ALL members/partners**:

a) Full Name: _____ DOB: ____ / ____ / ____
 Address: _____ Phone: _____
STREET CITY STATE ZIP
 Driver's License or State ID Number: _____
STATE NUMBER

b) Full Name: _____ DOB: ____ / ____ / ____
 Address: _____ Phone: _____
STREET CITY STATE ZIP
 Driver's License or State ID Number: _____
STATE NUMBER

c) Full Name: _____ DOB: ____ / ____ / ____
 Address: _____ Phone: _____
STREET CITY STATE ZIP
 Driver's License or State ID Number: _____
STATE NUMBER

PLEASE NOTE: If you need additional lines, you may attach a separate page to this application.

Primary Contact Person: _____ Phone Number: _____

Number of animals sought to be kept on licensed premises: Dogs: _____ Cats: _____

Seller's Permit must be attached: **Attached**

READ CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.)

Individual/Partner/Member Signature Date

Partner/Member Signature Date

FOR DEPARTMENT USE ONLY

FIRE: Approved Not Approved Holds: _____ By: _____

COMMUNITY DEVELOPMENT & INSPECTIONS: Zoning: _____ Occupancy Permit: _____

Any other zoning permits required (such as variances or conditional use permits): _____

Approved Not Approved Holds: _____ By: _____

HEALTH: Number of Dogs; _____ Number of Cats: _____

Approved Not Approved Holds: _____ By: _____

CITY CLERK: Dog Tag Numbers Issued: _____

Cat Tag Numbers Issued: _____

By: _____