

License No.	
Homebased	\$70.00 per year
Commercial	\$90.00 per year

RESIDENTIAL DOG KENNEL LICENSE APPLICATION
Applicable City Codes Chapter 6-7, Chapter 10-63 and Chapter 8-3

PROPERTY INFORMATION	Date of Approved Interim Use Permit (IUP)	SIZE IN ACRES:	
		Property is required to be a minimum of 5 acres	
	SITE ADDRESS:		
PROPERTY OWNER	NAME:		
	ADDRESS:		
	CITY:	STATE:	ZIP:
	PHONE:	EMAIL:	
APPLICANT (if different from owner)	COMPANY:	CONTACT PERSON:	
	ADDRESS:		
	CITY:	STATE:	ZIP:
	PHONE:	EMAIL:	
BUSINESS INFORMATION	BUSINESS NAME:		
	ADDRESS:		
	PHONE:	WEBSITE:	

INFORMATION ON DOGS (attach a separate sheet of paper if more room is necessary to complete full list)

BREED	COLOR and MARKINGS	AGE	PREDOMINANT SEX	RABIES NO & EXP DATE	LICENSE NUMBER

For residential kennels, proof of current rabies vaccination must be provided annually for each dog(s) living on the premises.

Sanitary Conditions:

Describe what methods will be utilized to keep the premises and/or kennel area in a clean and sanitary condition.

Nuisance Dog:

Any dog which by frequent and habitual howling, yelping, barking or other that shall cause serious annoyance or disturbance to any person or to the neighborhood is considered a nuisance dog. **Describe** the methods that will be used to ensure that the dogs on the property will maintain the peace within the surrounding neighborhood, as required by City Code.

Housing, Fencing and Run Information:

The owner of any dog shall keep the dog(s) under restraint at all times. Dogs must be on a leash of not more than six (6) feet in length, or confined to the owner's property by adequate enclosure or fencing. In the space provided below, describe and draw the proposed location, size and type of structures that will be used to house and/or keep the animals on the premises.

Draw a site plan or attach a separate survey with all necessary details:

I understand that the kennels shall be kept in a clean and healthful condition at all times and shall be open to inspection by any health officer, sanitarian, animal control officer or other person charged with the enforcement of this ordinance, or any health or sanitary regulations of this city, at all reasonable times.

Print Name	Signature of Applicant	Date
Signature of Owner (if different than applicant)		Date

APPROVALS:

Planning and Zoning: _____ Date: _____

Date of CUP/IUP: _____ Verification of License by Police: _____

Administration: _____ Date: _____