



City Clerk's Office
 300 W. Ash, Rm. 206
 P.O. Box 736
 Salina, KS 67402-0736
 (785) 309-5735

For office use only:	
Licensing Year:	_____
License No.:	_____
NEW _____	RENEWAL _____

APPLICATION FOR COMMERCIAL ANIMAL ESTABLISHMENT LICENSE

PET SHOP GROOMING SHOP GUARD DOG SERVICE RIDING STABLE
 HOBBY BREEDER w/1-10 ANIMALS KENNEL w/1-10 ANIMALS CATTERIE w/1-10 ANIMALS
 HOBBY BREEDER w/11-20 ANIMALS KENNEL w/11-20 ANIMALS CATTERIE w/11-20 ANIMALS
 HOBBY BREEDER w/21 + ANIMALS KENNEL w/21 + ANIMALS CATTERIE w/21 + ANIMALS

COMPANY NAME _____ EMAIL ADDRESS _____

COMPANY ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

MAILING ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

COMPANY PHONE _____ FAX NUMBER _____ CELL PHONE _____

OWNERS NAME _____ OWNERS PHONE _____

OWNER ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

MANAGER, IF DIFFERENT FROM OWNER _____

LEGAL DESCRIPTION OF COMPANY ADDRESS _____

NUMBER OF DOGS (HOBBY BREEDER, KENNEL, CATTERIE ONLY) _____ NUMBER OF CATS (HOBBY BREEDER, KENNEL, CATTERIE ONLY) _____

Statements from adjacent property owners are attached to this application.

I agree to comply with all requirements of the Salina Code and regulations relating to the operation of such business. I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application. I agree to give any duly authorized representative of the City of Salina, Kansas free access to my premises for the purpose of inspection.

FOR OFFICE USE ONLY

Amount Paid \$ _____	Date _____	Receipt No. _____	Received by _____
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Zoning Certificate

(Not required where fewer than 4 animals are kept in each structure or for renewals)

This is to certify that the above described property is zoned _____ and does/does not comply with the provisions of the zoning regulations of the City of Salina for the proposed use. Approved/Disapproved.

Date _____ Planning Department _____

Certificate of Health Department

This is to certify that the above described property has been inspected. A written report and recommendation are attached. Approved/Disapproved.

Date _____ Health Official _____

Certificate of City Clerk

Approved/Disapproved

Date _____ City Clerk _____
