

KENNEL LICENSE APPLICATION FORM

Fee \$100

New

Renewal

Name of Applicant: _____

Mailing Address: _____

City, State, & Zip Code: _____

Phone #: _____

Physical Address of Kennel: _____

	Name of Animal	Type of Animal	City Animal Tag #
1			
2			
3			
4			
5			
6			
7			
8			

Do you have a kennel license issued by the State of Kansas? Yes No

Please attach a copy of the State of Kansas kennel license.

Are you familiar with the City of Phillipsburg codes pertaining to animals? Yes No

Do you know the requirements for inspections? Yes No

Is this kennel for commercial purposes? Yes No

If so, what type of business is this? _____

What zone is this property located in? _____

Attach proof a rabies vaccination for all animals.

All licenses shall be renewable annually on or before the first day of January of each year.

I declare that this application has been examined by me, the statements made herein are made in good faith pursuant to the city of Phillipsburg's City Code, and to the best of my knowledge are true, correct, and accurate.

Name: _____ Title: _____ Date: _____