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**20\_\_# \_\_\_\_\_\_\_\_\_\_**

 **COMMERCIAL Kennel License Application & Renewal**

**Directions**: Complete this form and return to the Lewisville City Clerk.

1. **Name of applicant**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Residence address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Mailing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. **Name of business** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business License #\_\_\_\_\_\_\_\_\_\_

5. Physical address in Lewisville\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing address if different\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Business phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail **­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

6. Business Owner(s) \_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Nature of business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of employees \_\_\_\_

7. Check one: Corporation\_\_\_, Partnership\_\_\_, Sole Proprietorship\_\_\_\_\_\_\_\_,

 Association\_\_\_, Non-profit Organization\_\_\_, LLC\_\_\_

8. If incorporated, state of incorporation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. If partnership, list names of partners\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Are there any hazardous materials, chemicals or other flammable

 materials stored in or at the facility? \_\_\_\_\_\_\_

 If yes, provide a list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Number of dogs to be housed at the facility over the age of six (6)

 months for which this facility will be licensed. (List Attached)

12. If kennel is operated under a DBA or fictitious name, provide a copy

 of your Certificate to the City Clerk and list volume number and page

 where recorded\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. **Local** **emergency contact** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that, under penalty of perjury, the above information is

correct and complete to the best of my knowledge and belief. (Giving

of false information will result in revocation of any license issued.)I also certify that I have collected signatures of consent of 75% of all persons

living within 300 feet of the outside boundaries of my property and submit

that signature list herewith*(not required on timely renewal if not more than 2 violations)*. I understand that this license expires on the last day of the calendar year in which it was issued.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Applicant

 **DOGS TO BE HOUSED AT COMMERCIAL KENNEL**

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| --- | --- | --- | --- | --- |
| DOG NAME | LICENSE # | BREED | AGE | RABIES VACCINATION |
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***(Do not write below this line)***

**FEE COLLECTED:**

Kennel License Fee $

Per Dog fee $\_\_\_\_\_\_ X \_\_\_\_\_ dogs $

Sales tax - 6% $\_\_\_\_\_\_\_\_\_\_\_\_

**Total Collected $\_\_\_\_\_\_\_\_\_\_\_\_**

Date received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Council Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_