



2018# _____

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

City of Lewisville
PO Box 160
Lewisville, ID 83431
(208) 754-8608

