



2018# _____

NON-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. Number of dogs to be housed at the residence over the age of six (6) months _____ for which the license will be issued.
5. **Local emergency contact** _____ Phone No. _____

Dog Name	Breed	Age	License#	Rabies Vaccination

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

(Do not write below this line)

FEE COLLECTED:	
Kennel License Fee	\$ _____
Sales tax - 6%	\$ _____
Total Collected	\$ _____

Date received _____ By _____

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