



APPLICATION FOR COMMERCIAL ANIMAL ESTABLISHMENT PERMIT

NOTE: Complete this application in its entirety, please use additional pages if necessary. This information and a detailed inspection will be used in determining your eligibility for a commercial animal establishment permit. Any falsification or willful misrepresentation of the statements and answers contained herein will be cause for denial of the permit.

1. Is this application for a new business or an existing business? _____

Type of business proposed: _____

2. Name of business: _____

Address of business: _____

Phone number: _____ Email: _____

If business is a mobile business (i.e., mobile pet groomer) provide Vehicle Identification Number (VIN). Each vehicle requires a separate application and permit.

What type of business entity is the, company? (e.g., corporation, partnership, sole proprietorship): _____

3. Applicant's name _____

Address: _____

Phone number: _____ Email: _____

4. Name, home address of owner, partner(s) or officer(s): _____

Home phone number of owner, partner(s) or officer(s): _____

Name, home address of owner, partner(s) or officer(s): _____

Home phone number of owner, partner(s) or officer(s): _____

5. Name of operator or manager: _____

6. Give background information, qualifications, and experience that would qualify applicant (or proposed operator or manager) to operate this business in a safe and humane manner.

7. Give the name, address, and phone number of the licensed veterinarian with whom you are • contracting and/or who will be treating, animals and providing expert medical advice for the business.

Name: _____ Phone number: _____

Address: _____

8. Please attach a detailed program of health and veterinary care and procedures for the following:

- | | | |
|--|---|---------------------------------------|
| (1) Inoculations | (4) isolation facility for sick animals | (7) Cleaning and sanitation schedules |
| (2) Worming | (5) Euthanasia procedures | |
| (3) Treatment for sick/injured animals | (6) Feeding and watering procedures/schedules | |

9. Describe what training/education procedures you will implement for all personnel in the business and what subjects will be covered.

10. Describe what arrangement for vermin and insect control will be used.

11. Provide documentation that the business herein will be in conformance with all city building, zoning, and fire codes. For information contact KCBizCare (816-573-2491) or Fire Marshal (816-513-4610)

12. List all previous businesses that the applicant has either operated or been connected with during the past ten years. List the most recent one first.

A. Name of business: _____ Phone number: _____

Address: _____

Dates of operation: From _____ To _____

State the nature of the business or operation: _____

B. Name of business: _____ Phone number: _____

Address: _____

Dates of operation: From _____ To _____

State the nature of the business or operation: _____

C. Name of business: _____ Phone number: _____

Address: _____

Dates of operation: From _____ To _____

State the nature of the business or operation: _____

I hereby certify that there are no willful misrepresentations or falsifications of the statements and answers contained in this application.

Signature of applicant: _____ Date: _____

Official Use Only:

Application approved by: _____

Date: _____ Permit No. _____ Expires On _____

Application denied by: _____ Date: _____

Comments: