



KENNEL LICENSE APPLICATION

This application must be fully completed with all attachments before processing.

1. Applicant Name: _____
 D/B/A: _____
 Address of Applicant: _____
 Mailing Address (if different): _____
 Business Phone No.: _____ Fax No.: _____

2. Is Applicant: An Individual Corporation Limited Liability Company Partnership
 Other Federal Tax I.D. No. _____
 Is applicant currently licensed to do business in the State of Colorado? Yes No

a. Address of Proposed Kennel: _____
 List type(s) of animals to be sheltered: Dogs Cats Specify species _____
 Capacity of proposed facility: _____ Size of proposed facility: _____ (sq. ft./acres)

b. Has applicant operated a kennel before? Yes No
 If so, please explain: _____

3. Is the property on which the kennel is located five (5) acres or more in size? Yes No

4. The following must be included with this application form:
- a. Colorado Department of Health license
 - b. Colorado Division of Agriculture license
 - c. Written inspection certificate issued by Animal Control
 - d. Written inspection certificate issued by Code Enforcement

I understand and agree that by operating a licensed kennel in the Town of Sugar City hereby consent to the reasonable entry onto and inspection of the licensed premises by any animal control officer, code enforcement officer, or any police officer for purposes of insuring compliance with applicable laws, regulations, and court orders. I further understand that my kennel license may be suspended or revoked if the Town Council finds, pursuant to a public hearing, that any of the following have occurred: (1) the kennel is maintained in violation of any applicable law of the State or the City; (2) the kennel is maintained so as to be a public nuisance; or (3) the kennel is maintained so as to be detrimental to the health, safety, or peace of mind of persons residing in the immediate vicinity.

I declare, under penalty of law, that this application has been examined by me, that the statements made herein are made in good faith, and to the best of my knowledge and belief, are true, correct, and complete. I understand that any falsification or misrepresentation may be prosecuted under Section 21-28 of the Arvada City Code and will result in denial of this application or revocation of the license.

DATED this _____ day of _____, 1999.

STATE OF COLORADO)
) ss.
 COUNTY OF _____)

Applicant: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 1999, by _____.

Witness my hand and official seal.
 (SEAL)

Notary Public _____

My commission expires: _____

This license shall be renewable annually between January 1 and March. Upon acceptance of the renewal application the annual license fee shall be due.