

Dog Kennel Operating Permit Application

Owner/Responsible Party: _____ Application Date _____

Name of Kennel: _____

Site Address: _____

City _____ Zip _____ Tax Parcel # _____

Telephone # (Home): _____ Telephone # (Cell): _____

Mailing Address: _____

City _____ State _____ Zip _____ Same as Site Address

E-mail address: _____

Application Type:

- | | |
|---|--|
| <input type="checkbox"/> New facility | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Request for waiver | <input type="checkbox"/> Amendment of Current Permit |

Maximum # of Dogs Kept on Property:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> <15 dogs | <input type="checkbox"/> 16-30 dogs |
| <input type="checkbox"/> 31-45 dogs | <input type="checkbox"/> 46-50 dogs |
| <input type="checkbox"/> 51+ dogs - requires a variance under Lewis County Code 6.15.020(3)(b) | |

Will this kennel operation breed, buy, sell, or board dogs for revenue? YES NO

Have you, or any other owner of this business, ever had a dog kennel operating permit denied, suspended, or revoked? YES NO *If yes, explain full details on separate piece of paper & attach to application.*

Have you, or any other owner of this business, ever been convicted of a crime or misdemeanor related in any way to animals? YES NO *If yes, explain full details on separate piece of paper & attach to application.*

By signing this document, I agree that the above information is true and correct & acknowledge that submission of this application does not guarantee an approval of the dog kennel operating permit. I understand that a change of commercial status or a change in the number of dogs will require an amendment of my permit, which may require a re-inspection with additional fees. I agree to comply with all laws, regulations, and requirements for dog breeding practices as set forth in the Lewis County Code and the Revised Code of Washington. I understand that no refunds will be issued for the fees paid for processing this application.

X _____
Signature of Applicant Printed Name Date

FOR OFFICE USE ONLY

Date Application Received: _____ Maximum number of dogs: _____ Commercial kennel: YES NO

Rcd'd By: _____ Permit Fee: _____ Paid by: Credit/Debit Cash Check # _____