**APPLICATION FOR**

**ANIMAL FACILITIES LICENSE**

**TALBOT COUNTY, MARYLAND**

Talbot County Animal Control

PO BOX 1143

7894 Ocean Gateway, Easton MD 21601

Phone: (410)822-010 Fax: (410)822-7619

info@talbothumane.org

**Business Information**

|  |  |
| --- | --- |
| Commercial Business Name: |       |
| Owner/Agent: |       |
| Premise Address: |       |
| City/State/Zip: |       |
| Phone: |       | Cell: |       | Email: |       |
| Web Address: |       |

**Property Owner Information**

|  |  |
| --- | --- |
| Name: |       |
| Mailing Address: |       |
| City/State/Zip: |       |
| Phone: |       | Cell: |       | Email: |       |

**Property Owner Information**

**SPECIAL INSTRUCTIONS:**

**This application must be submitted to the Talbot County Animal Control Authority for review. Incomplete submittals and/or unsigned applications may result in processing delays.**

[ ]  ***New Applicant*** ***[ ]  Renewal*** ***[ ]  Revision***

|  |  |
| --- | --- |
| Reason for Revision: |       |
| Existing License #: |       | Expires: |       |

 (For Renewal and Revision Applicants)

**Proposed Type of Use**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  **Breeding** | Total # of Adult Males: |       | Total # of Adult Females: |       |
| Total # of Puppies: |       | Estimated # of Litters Per Year: |       |
| Type and # of Additional Animals on Property: |       |
| **[ ]  Pet Sale** | # of Cats |       | # of Dogs |       | # of Other |       |
| **[ ]  Boarding** | # of Cats |       | # of Dogs |       | # of Other |       |
| **[ ]  Training** | # of Cats |       | # of Dogs |       | # of Other |       |
| **[ ]  Rescue** | # of Cats |       | # of Dogs |       | # of Other |       |

(# is based upon capacity at its maximum)

I hereby certify that I have read and understand the requirements for an Animal Facilities License per Talbot County Code Chapter 15.3.1. and I have the authority to make this application. The information given is correct; and the use shall conform to the Talbot County Animal Control Ordinances and any other laws pertaining to keeping animals.

***I hereby certify that neither I nor any of my agents have been found guilty of cruelty to animals in any jurisdiction or State.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_***

***SIGNATURE OF OWNER OR AUTHORIZED AGENT DATE***

|  |  |  |  |
| --- | --- | --- | --- |
| ***PRINTED NAME:*** |       | ***TITLE:*** |       |

**The application for an Animal Facilities Establishment shall include:**

[ ]  Evidence of, a certification from the Department of Planning and Zoning stating the commercial animal establishment is in compliance with the Zoning Ordinances.

[ ]  Evidence of all required State licenses; and

[ ]  The Owner’s certification that he/she has not been found guilty of cruelty to animals in any jurisdiction or State.

**[ ]  $50** Application Fee Paid