**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