

CONTROL #: CONTRL
BUSINESS NAME: OLBSNM

**KENNEL/PET ESTABLISHMENT APPLICATION
(ANNUAL)**

KENNEL – Any lot, enclosure, premises, structure or building where on three or more dogs and/or cats over the age of four months are kept or maintained for any purpose whatever, except a veterinary hospital operated by a graduate veterinarian duly licensed by the state board of veterinary examiners; or the impound facility operated by the city.

- () Breeding kennels, **private stock**, limited to dogs and cats, large lot residential
(S. 106-331, Table A: **“Accessory” in R-1/R-2 and “Conditional” in R-3/MH.** Also, S. 106-743 for license requirement and minimum 100’ enclosure setback)
- () Kennels, **boarding (SIC #0752)**
(S. 106-441, Table A: **“Not Allowed” in CR & NC and “Conditional” in GC & MS**)
- () Kennels, **breeding (SIC #0279)**
(S. 106-441, Table A: **“Not Allowed” in CR & NC and “Conditional” in GC & MS**)

PET ESTABLISHMENT - Any shed, building, store, lot or other place within the city where pet animals are sold, offered for sale or bred for sale or distribution. (S. 22-156 to 22-188)

- () Pet Shop (SIC #5999) (*Zoning Permit is needed*)
- () Other: Please describe: _____
(Note: An unlisted similar use in a Commercial Zone is “Conditional”)

DATE APPLIED: _____

BUSINESS NAME: _____

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION: LOT: _____ BLOCK _____ SUB: _____

BUSINESS PROPRIETOR: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

TYPE OF ANIMALS: _____

NUMBER OF ANIMALS: _____

(May attach list to this application)

() NEW Building/Business [May need zoning and/or building permit(s)]

() EXISTING Building/Business [No changes; just need Animal Control Div. inspection]

OWNER OR AUTHORIZED AGENT

DATE

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*******FOR CITY USE ONLY*******

ZONING OF PROPERTY: _____ FLOOD ZONE: _____

PERMITTED "USE": _____

HCAD: _____

ZONING PERMIT NUMBER: _____

BUILDING PERMIT APPLICATION REQUIRED/RECEIVED? _____

ZONING PERMIT APPLICATION REQUIRED/RECEIVED? _____

_____ Confirmation that the Applicant has no outstanding taxes.

_____ Zoning Authorization by Inspections (Zone Classification and/or Permit)

_____ Building Permit Authorization by Inspections (If applicable)

_____ Authorization by Animal Control Division (*Inspection of existing kennel enclosure location / condition –or– approved proposed construction of new enclosure*)

NOTE:

ALL LICENSES EXPIRE DECEMBER 31ST OF EACH YEAR.

ON-SITE POSTING OF ANNUAL LICENSE IS REQUIRED.

LICENSE SHALL NOT BE TRANSFERABLE.

FEEES SHALL NOT BE PRO-RATED.

License Number Assigned: _____

Date Issued: _____

Fees Collected: _____

<u>Number of Animals:</u>	<u>Annual Fee:</u>
1 - 4	\$25.00
5 - 10	\$30.00
11 - 15	\$35.00
16 - 20	\$40.00
21 +	\$50.00

Receipt Number: _____

Clerk Initials: _____

Date Appl. Is Forwarded to
Animal Control Division: _____