

STATE OF KANSAS

KANSAS ANIMAL HEALTH DEPARTMENT

708 SW Jackson Topeka, KS 66603-3714
Phone (785) 296-2326 FAX (785) 296-1765
www.kansas.gov/kahd

CREDIT CARDS: DISCOVER

RENEWAL DUE BY: JUNE 30, 2009

Renewal Application

New Application

2009-2010 Application for Kansas Hobby Breeder License - \$95.00

FEE MUST BE INCLUDED WITH APPLICATION - There is a returned check fee of \$30.00 for checks which are dishonored and returned unpaid to the KAHD for any reason. All RENEWAL applications not postmarked by 8-15-09 will be accessed a \$70.00 late fee.

County:
Premise Name: Is this a Corp or LLC? Yes No
Owner/Operator Name:
Licensee's Mailing Address: City & Zip:
Premise PHYSICAL Address (NOT PO BOX) City & Zip:
Home Phone: Fax number:
Cell Phone: Work Phone:
Usual hours at premise between 7:00am to 7:00pm Monday-Friday:
Name of designated agent\* (18 or older):
\* A designated agent is someone you will allow to show your kennel in your absence. If you are not regularly available, you must appoint a designated agent.
Designated Agent Home Phone: Cell Phone: Work Phone:
Directions to premise:

Do you sell, offer or maintain for sale, dogs/cats at any other location other than the premise for which this application for a license is being made? If so, location:
Between July 1, 2008 and June 30, 2009, did you sell, offer or maintain for sale dogs, cats or both? Dogs ( ) Cats ( ) Both ( )
Number of dogs/cats sold between July 1, 2008 and June 30, 2009: How many litters?
Did you sell dogs/cats to a distributor or pet shop between July 1, 2008 to June 30, 2009? If yes: Name, address, city, state:
Total number of dogs/cats (over 3 months of age) on the premises:

dogs: M F Spay/Neuter
cats: M F Spay/Neuter

Number of dogs/cats you plan on selling between July 1, 2009 and June 30, 2010: How many litters?
Have you or any of your employees ever been convicted of any crime relating to theft or cruelty to animals?
If "yes", please give details:
Web-site address: E-mail address:

I understand that Kansas law permits a licensee to be inspected at least once a year and upon complaint. I hereby consent to inspections by the Kansas Animal Health Department. I understand that I may not sell any animals until I have been granted a license. I understand and agree that by signing this form I am required to provide to the animals in my custody adequate veterinary care as defined in K.S.A. 47-1701 (dd)(1). I understand and agree that in order to verify my compliance with this requirement, authorized representatives of the Kansas Animal Health Department may contact my veterinarian and request written verification, including medical records, reflecting adequate veterinary care treatment of the animals in my custody.

I understand that a willful disregard of any provision of the Kansas Pet Animal Act or of any regulations adopted thereunder may subject the licensee to suspension or revocation of the license and/or fine of up to \$1000 per violation and/or criminal penalties. I understand that a material misstatement in this application form may be grounds for denial, suspension or revocation of this license.

The information contained within this application is true and correct to the best of my knowledge.

Signature of Owner or Authorized Representative Date

Social Security # Furnishing your social security number is voluntary. This request is pursuant to K.S.A. 74 -139. The information shall be used to provide your name, address and social security number to the director of taxation upon the director's request.

License Year July 1, 2009 to June 30, 2010

TO BE COMPLETED BY KAHD STAFF ONLY

License #: HK Inspector Date Entered: Entered by:
Payment Type: Discover Cash Check No: License Fee : Late Fee Total Paid