

STATE OF KANSAS

KANSAS ANIMAL HEALTH DEPARTMENT

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

Renewal Application
New Application

CREDIT CARDS: DISCOVER
RENEWAL DUE BY: JUNE 30, 2009

2009-2010 Application for Out-of-State Animal Distributor Permit - \$650.00

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 assessed a \$70.00 late fee.

Out-of-State Distributor Premise Name: \_\_\_\_\_

Is the above premise name registered in the State of Kansas to do business in the State of Kansas under a corporation name? Yes No

Owner/Operator Name: \_\_\_\_\_

Licensee's Mailing Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_

Premise PHYSICAL Address (NOT PO Box) \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_

Phone where you may be contacted: \_\_\_\_\_ Fax number: \_\_\_\_\_

Phone where owner/operator may be reached between 8a.m. and 5p.m. Monday-Friday: \_\_\_\_\_

Do you buy for resale: dogs? \_\_\_\_\_ cats? \_\_\_\_\_ both? \_\_\_\_\_

USDA license # \_\_\_\_\_ Effective date: \_\_\_\_\_ (provide copy of USDA License)

Number of dogs/cats bought in Kansas for resale between July 1, 2008 and June 30, 2009: \_\_\_\_\_

\* What Kansas breeders did you buy dogs/cats from July 1, 2008 to June 30, 2009? Use an extra page if necessary.

Name, address, phone number, license #: \_\_\_\_\_

\* Failure to supply this information is not grounds for permit denial. This information is subject to public disclosure under the Kansas open records act.

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: \_\_\_\_\_

Do you also sell dogs/cats within the state of Kansas? \_\_\_\_\_ If so, at what location? \_\_\_\_\_

Are you a dog warden or an animal control officer? \_\_\_\_\_ (Refer to K.S.A. 47-1701(k) for definition.)

I understand that a willful disregard of any provision of the Kansas Pet Animal Act or of any regulations adopted thereunder may subject the permittee to suspension or revocation of the permit 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 permit. 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 his request.

License year July 1, 2009 to June 30, 2010

TO BE COMPLETED BY KAHD STAFF ONLY

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