

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 Retail Breeder License

(more than 50% of sales to the final customer)

FEE \$200.00 (with USDA License) \$405.00 (no USDA License)

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:
Mailing Address: City & Zip Code:
Premise PHYSICAL Address (NOT PO BOX) City & Zip Code:
Home Phone: Fax Number:
Cell Phone: Work Phone:
Usual hours at premise between 7:00am-7:00pm Monday-Friday:
Name of designated agent* (18 or older):
* A designated agent is someone you will allow to show the kennel in your absence. If you are not regularly available, you must appoint a designated agent.
Designated Agents Home Phone: Cell Phone: Work Phone:
Directions to premise:

What percentage of dogs/cats do you sell at retail? %
Do you ever sell dogs/cats to distributors or pet shops? If so, what percentage? %
Are you a distributor as well as a breeder?
USDA license #: Effective date: Expiration Date: (provide copy of USDA license)

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:

Total Number of dogs/cats (over 3 months of age) presently on premise:
dogs: M F Spay/Neuter
cats: M F Spay/Neuter

Have you or any of your employees ever been convicted of any crime relating to theft or cruelty to animals?
If "yes", attach an explanation.
Are you a dog warden or animal control officer? (refer to K.S.A. 47-1701(k) for definition.)

Web-site address: E-Mail address:

I understand that Kansas law permits licensee to be inspected at least twice a year and upon complaint. I hereby consent to inspections by the Kansas Animal Health Department. I understand that I may not sell more than 2 litters of 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 there under 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. I understand that by applying as a USDA licensed facility, I must maintain my USDA license throughout the licensing year. I understand that I may not sell any animals until I have been granted a 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 #: RB Inspector Date Entered: Entered by:
Payment Type: Discover Cash Check No: License Fee : Late Fee Total Paid