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FORM APPROVED OMB NO.: 0579-0036

No license may be issued unless a completed application has been received (7 U.S.C. 2132-2143), and the applicant is in compliance with the standards and regulations Section 2133.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

APPLICATION FOR LICENSE
(TYPE OR PRINT)

SEND THE COMPLETED FORM TO:
USDA APHIS ANIMAL CARE

RENEWAL

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)

COUNTY: _____ TELEPHONE () - -

TELEPHONE ()

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE

6. DATE OF LAST BUSINESS YEAR

A - Dealer (Breeder) B - Dealer C - Exhibitor

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	7	0 1 0 9	0	6	3 0 1 0						

7. NATURE OF BUSINESS (Check item that describes nature of your business)

- A - Zoo B - Aquariums C - Auction
 D - Breeder E - Pets F - Roadside Zoo
 G - Circus H - Animal Acts I - Carnival
 J - Drive thru K - Pet Store L - Broker
Zoo

8. TYPE OF ORGANIZATION
 Partnership Corporation Individual
 Other (Specify) _____

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS

10. DEALER ONLY

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	DOGS	RABBITS
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	CATS	NONHUMAN PRIMATES
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	GUINEA PIGS	MARINE MAMMALS
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	HAMSTERS	WILD OR EXOTIC MAMMALS
	OTHER (i.e., farm animals) (List Species and No.)	TOTAL:

CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and certify to the best of my knowledge I am in compliance with all regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am over 18 years of age.

12. SIGNATURE

13. NAME AND TITLE (Type or Print)

14. DATE