

CITY OF PEWAUKEE

KENNEL LICENSE APPLICATION

PART 1: Purpose of License

Commercial Kennel *(Please check all that apply)*

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Boarding Dogs | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Day Care | <input type="checkbox"/> Grooming |
| <input type="checkbox"/> Training | <input type="checkbox"/> Buying & Selling of Dogs | <input type="checkbox"/> Breeding or Stud Purposes | <input type="checkbox"/> Raising Dogs for Sale (3) or more litters |

Hobby Kennel *(Please check all that apply)*

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Household Pets | <input type="checkbox"/> Non-Commercial Foster Care | <input type="checkbox"/> Non-Commercial Grooming | <input type="checkbox"/> Non-Commercial Training |
| <input type="checkbox"/> Non-Commercial Boarding | <input type="checkbox"/> Non-Commercial Breeding or Stud Purposes | <input type="checkbox"/> Occasional Raising Dogs for Sale – No more than (2) litters | |

PART 2: Applicant Information

First Name:	Middle Initial:	Last Name:
Address:		
City:	State:	Zip Code:
Home Phone:		Cell Phone:
Email Address:		

PART 3: Kennel Information

Attach Sketch or survey with Dimensions of Kennel and Distance to Principal Structure and Any On-Site Water Supply Systems

Name of Kennel if Applicable:	
Physical Address of Kennel if Different from Above:	
Type of Principal Building:	Size of Principal Building:
Number of Acres:	Zoning of Property:
Months of Operation:	Hours of Operation:
Number of Dogs to be Boarded:	Number of Dogs Estimated to be Sold Annually:
Type of Kennel Enclosure:	Size of Enclosure:
Source and Location of Water Supply:	Place for Keeping Food & Medicine:
Fenced Area Location:	Fence Measurement & Height:
Security:	Noise Suppression:

PART 4: Type and Size of Dogs

Minimum Number of Dogs Proposed to Be on the Premises:	Maximum Number of Dogs Proposed to Be on the Premises:
List Type(s) and Size of Dogs to be Housed in Kennel:	

PART 5: Sanitary Maintenance Plan

Provisions for <u>Collection</u> of Excrement, Food Waste, Food Waste and Other Liquid or Solid Waste: How Often?
Provisions for <u>Storage</u> of Excrement, Food Waste, Food Waste and Other Liquid or Solid Waste: Where?
Provisions for <u>Disposal</u> of Excrement, Food Waste, Food Waste and Other Liquid or Solid Waste: Where?

PART 6: Emergency Contact Information

Name:	Phone:
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I hereby certify that the information given on this form is true and accurate to the best of my knowledge.

Signature of Applicant: _____ Date: ____/____/____

Action by the Plan Commission: Approve Deny Date: ____/____/____

Action by Common Council: Approve Deny Date: ____/____/____

Restrictions (if any): _____

Annual License Fee: \$35.00