



# SNOHOMISH COUNTY KENNEL / ANIMAL BUSINESS LICENSE APPLICATION

SNOHOMISH COUNTY AUDITOR • LICENSING DIVISION

3000 ROCKEFELLER AVE. M/S 306 • EVERETT, WA 98201-4059 • PHONE (425)388-3440 • www.co.snohomish.wa.us/auditor

## TYPE OF BUSINESS LICENSE BEING REQUESTED: CHECK ALL THAT APPLY

|   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Commercial Kennel – Boarding | <input type="checkbox"/> Commercial Kennel – Non-Boarding | <input type="checkbox"/> Animal Shelter | Private Kennel: <input type="checkbox"/> Breeding<br><input type="checkbox"/> Non-Breeding |
| <input type="checkbox"/> Grooming Parlor              | <input type="checkbox"/> Pet Shop                         |   |  |

## APPLICANT INFORMATION

|  |  |  |  |
|--|--|--|--|
| APPLICANT NAME<br>FIRST / MIDDLE / LAST          |  | CO-APPLICANT NAME<br>FIRST / MIDDLE / LAST       |  |
| DATE OF BIRTH                                    |  | DATE OF BIRTH                                    |  |
| HOME ADDRESS                                     |  | HOME ADDRESS                                     |  |
| CITY / STATE / ZIP CODE                          |  | CITY / STATE / ZIP CODE                          |  |
| DAYTIME PHONE                                    |  | DAYTIME PHONE                                    |  |
| YOUR OTHER ASSUMED NAMES / ALIASES / MAIDEN NAME |  | YOUR OTHER ASSUMED NAMES / ALIASES / MAIDEN NAME |  |
| NAME / PHONE OF EMERGENCY CONTACT PERSON         |  | NAME / PHONE OF EMERGENCY CONTACT PERSON         |  |
| ID SUBMITTED / ISSUING STATE / EXPIRATION DATE   |  | ID SUBMITTED / ISSUING STATE / EXPIRATION DATE   |  |

## BUSINESS INFORMATION

|   |  |  |  |
|---|--|--|--|
| KENNEL NAME / BUSINESS NAME / LEGAL TRADE NAME  |  | MAILING ADDRESS  |  |
| PHYSICAL ADDRESS OR KENNEL / BUSINESS   |  | CITY / STATE / ZIP CODE  |  |
| CITY / STATE / ZIP CODE   |  | WASHINGTON STATE BUSINESS LICENSE #  |  |
| KENNEL / BUSINESS PHONE   |  | KENNEL / BUSINESS FAX  |  |
| CORPORATE HEADQUARTERS ADDRESS (IF NOT SAME AS PHYSICAL OR MAILING ADDRESS)   |  | CORPORATE WASHINGTON STATE REGISTERED AGENT  |  |
|   |  | ADDRESS  |  |
| CITY / STATE / ZIP CODE   |  | CITY / STATE / ZIP CODE  |  |
| DAYTIME PHONE   |  | DAYTIME PHONE  |  |
| NAME OF BUSINESS PROPERTY OWNER ADDRESS   |  | PHONE  |  |
|   |  | FAX  |  |
| CITY / STATE / ZIP CODE   |  | REAL PROPERTY TAX PARCEL #   |  |
| DAYTIME PHONE   |  | NEW APPLICANTS: ATTACH A COMPLETE LEGAL DESCRIPTION FOR THE BUSINESS PROPERTY.   |  |
| Have you or any owner of this business ever had a license or permit denied, suspended or revoked? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If yes, explain full details on separate paper and attach to application.</i> |  | Have you or any owner of this business ever been convicted of a crime or misdemeanor other than a traffic violation? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If yes, explain full details on separate paper and attach to application.</i> |  |

## TYPE OF BUSINESS LICENSE BEING REQUESTED:

|  |   |
|--|---|
| Will this Kennel/Animal Business operation provide any animal buildings, cages or runs? <input type="checkbox"/> NO <input type="checkbox"/> YES – Describe: | Will this Kennel/Animal Business operation breed, sell, board or train any animals for compensation? <input type="checkbox"/> NO <input type="checkbox"/> YES – Describe: |
| Will this Kennel/Animal Business operation groom any animals for compensation? <input type="checkbox"/> NO <input type="checkbox"/> YES – Describe:          | PRIVATE KENNEL APPLICANTS ONLY – Complete an individual pet license form for each dog maintained on the Kennel/Business premises owned by the applicant.                  |

### ALL APPLICANTS

Attach a detailed scale drawing showing total land area and all property lines, all kennel buildings, animal runs (specify whether concrete or dirt), and parking areas: the location of the primary dwelling, and the distance from the property lines: also list all building permits and dates of issuance pertaining to this Kennel/Animal Business License request

## APPLICANT / CO-APPLICANT CERTIFICATION

As applicant, I understand that any falsification or omission on this application form or any of its required attachments are grounds for a denial, suspension or revocation of the license and may subject me to a civil and/or criminal penalty. I agree to comply with all laws, regulations and requirements for the issuance and use of this business license as set forth in the Snohomish County Code. I authorize Snohomish County, its agents and employees to investigate and confirm the truth of this information provided. I understand that no refunds will be made of the fees paid for processing this application.

|                        |  |                           |  |
|------------------------|--|---------------------------|--|
| Signature of Applicant |  | Signature of Co-Applicant |  |
| Date                   |  |                           |  |

**TYPE OF KENNEL / ANIMAL BUSINESS / ORGANIZATION**

- SOLE PROPRIETORSHIP – List names/addresses/phone numbers of all business owners below.
- GENERAL PARTNERSHIP – List names/addresses/phone numbers of all general partners owning 20 percent or more of the business below.
- LIMITED PARTERSHIP – List names/addresses/phone numbers of all general partners and each limited partner owning 20 percent or more of the business below.
- CORPORATION – List names/addresses/telephone numbers of each principal corporate officer of the corporation below.

Please attach proof of insurance with application per Snohomish County Code 6.01.190, which state in part "Such applicant for any license/permit under this title shall at all time maintain in full force and effect a policy of bodily injury/property damage liability insurance to cover said applicant, his servants, agents, or employees in the conduct of the business or activity being licensed." (PRIVATE KENNELS EXEMPT)

**CORPORATE OFFICER, DIRECTOR, SHAREHOLDER, PARTNER & OWNER LIST**

6.01.0453 Application – Form and content.

If a partnership, the application shall set forth names, residence address and telephone number of all person, whether general or limited partners, sharing in the profits of said business and the respective ownership share of each. If a corporation, it shall set forth the name, residence address and telephone number of each of its officers, directors and shareholders, and the number of shares held by each if there are fewer than 10 shareholders. It shall set forth all persons having any interest in the real or personal property at the premises, and any persons sharing in the proceeds of the business.

Corporate Officer True Name \_\_\_\_\_ Title \_\_\_\_\_  
 Corporate Director Other Assumed Names \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 Corporate Shareholder Aliases, Maiden Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Partner Home Address \_\_\_\_\_ % of Partnership or Number of Shares \_\_\_\_\_

Corporate Officer True Name \_\_\_\_\_ Title \_\_\_\_\_  
 Corporate Director Other Assumed Names \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 Corporate Shareholder Aliases, Maiden Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Partner Home Address \_\_\_\_\_ % of Partnership or Number of Shares \_\_\_\_\_

Corporate Officer True Name \_\_\_\_\_ Title \_\_\_\_\_  
 Corporate Director Other Assumed Names \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 Corporate Shareholder Aliases, Maiden Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Partner Home Address \_\_\_\_\_ % of Partnership or Number of Shares \_\_\_\_\_

Corporate Officer True Name \_\_\_\_\_ Title \_\_\_\_\_  
 Corporate Director Other Assumed Names \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 Corporate Shareholder Aliases, Maiden Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Partner Home Address \_\_\_\_\_ % of Partnership or Number of Shares \_\_\_\_\_

Corporate Officer True Name \_\_\_\_\_ Title \_\_\_\_\_  
 Corporate Director Other Assumed Names \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 Corporate Shareholder Aliases, Maiden Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Partner Home Address \_\_\_\_\_ % of Partnership or Number of Shares \_\_\_\_\_

Corporate Officer True Name \_\_\_\_\_ Title \_\_\_\_\_  
 Corporate Director Other Assumed Names \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 Corporate Shareholder Aliases, Maiden Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Partner Home Address \_\_\_\_\_ % of Partnership or Number of Shares \_\_\_\_\_

Corporate Officer True Name \_\_\_\_\_ Title \_\_\_\_\_  
 Corporate Director Other Assumed Names \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 Corporate Shareholder Aliases, Maiden Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Partner Home Address \_\_\_\_\_ % of Partnership or Number of Shares \_\_\_\_\_

Corporate Officer True Name \_\_\_\_\_ Title \_\_\_\_\_  
 Corporate Director Other Assumed Names \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 Corporate Shareholder Aliases, Maiden Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Partner Home Address \_\_\_\_\_ % of Partnership or Number of Shares \_\_\_\_\_