



State of Connecticut
Department of Agriculture
 Bureau of Regulatory Services
 450 Columbus Boulevard, Suite 701
 Hartford, CT 06103
 Licensing (860) 713-2512

CT License # _____

- New Facility
- New Owner
- New Location

License Expiration: 12/31/20

Form is valid for new applicants only
 For renewal forms, contact 860-713-2512

Pet Facility License Initial Application

Check one box	<input type="checkbox"/> Pet Shop Fee: \$400.00	<input type="checkbox"/> Grooming Facility Fee: \$200.00	For Mobile Units only License Plate # _____	<input type="checkbox"/> Commercial Kennel Fee: \$400.00	<input type="checkbox"/> Training Facility Fee: \$200.00	<input type="checkbox"/> Animal Shelter Fee: \$50.00
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Connecticut General Statutes Section 22-344 requires that a license must be obtained before opening and operating a Pet Shop, Grooming Facility, Commercial Kennel, Training Facility or Animal Shelter. Each initial application for a new license, new ownership or new location must be certified by the zoning official for that municipality that such facility conforms to the municipal zoning regulations. Currently you may groom under a Commercial Kennel License without obtaining a separate Grooming Facility License. The approval of this license application is subject to a passing inspection of the facility by an officer of the State Animal Control Division. A check payable to "Connecticut Department of Agriculture" must accompany the application.

The license period shall be for a period of two years and extend from January 1st to the second following December 31st.

Licenses cannot be processed if: required payment is not submitted with the application, the application is incomplete, or a passing inspection of the facility has not been performed by a State Animal Control Officer. **Allow at least two weeks for processing.** Applications must be mailed.

Please print or type	Federal Employer Identification Number _____ - _____ - _____	or	Social Security Number _____ - _____ - _____
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Facility Name			
Facility Address	City	State	Zip
Facility Telephone Number _____-_____-_____	Email Address		
Mailing Address (if different from above)	City	State	Zip
Parent Company Telephone Number (if different than above) _____-_____-_____	Parent Company Email Address (if different than above)		

Printed Name of Applicant	Signature of Applicant	Title	Date
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Indicate ownership status and complete the corresponding line

<input type="checkbox"/> Sole Proprietor	Name of Sole Proprietor		
<input type="checkbox"/> Partnership	Partnership Name	Names of Partners	
<input type="checkbox"/> Corporation	Corporation Name	Name and Title of Principal Officer	
<input type="checkbox"/> LLC	LLC Name	<input type="checkbox"/> LLC Single <input type="checkbox"/> LLC Partnership <input type="checkbox"/> LLC Corporation	Name of Principal Member

TO BE COMPLETED BY THE ZONING ENFORCEMENT OFFICIAL

Zoning certification is ONLY required for a new facility, new owner of the business, or when the business has moved to a new location.

Zoning certification is *not required* for license renewals having no changes in ownership. A license for the above named new facility, new owner or new business location will not be issued by the Department of Agriculture unless this application is signed by a zoning official. The zoning official's signature certifies that the above business location and its proposed use are in conformance with existing city/town zoning regulations.

THE TOWN SEAL MUST BE AFFIXED TO THIS APPLICATION TO VALIDATE THE ZONING OFFICIAL'S SIGNATURE

(Town Seal)

Printed Name of Town	Printed Name of Zoning Official	Signature of Zoning Official	Date
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For Agency Use Only	AMOUNT RECEIVED	CHECK OR MONEY ORDER #	Approved to enter _____ Date _____	LICENSE EXPIRATION December 31, 2020
			Approved to issue _____ Date _____	