



CITY OF JASPER

KENNEL LICENSE APPLICATION

Applicant Information

Applicant Name: _____ Date: _____

Applicant Address: _____ Phone No. _____

City: _____ State: _____ Zip: _____

Email address: _____

Number of animals to be kept: _____

Location of kennel (if different than applicant address): _____

Driver's License #: _____

License Information

Commercial (more than 7 pets) \$50.00 annually

____ NEW
____ RENEWAL

Animal Information

Name of Dog/Cat	Breed and Color of Dog/Cat	Rabies Vaccination

I hereby certify that information provided on this application is true and I understand that any misrepresentation made herein may be grounds for denial of this application. I have reviewed a copy of Chapter 5 Article II. Dogs and Cats of the City of Jasper Code of Ordinances and fully understand the requirements outlined therein.

Applicant Signature: _____ Date: _____

Approval Date: _____ Cash/Check/CC _____ Receipt # _____