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

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:

LICENSE NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED

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

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

COUNTY: \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

COUNTY: \_\_\_\_\_ 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

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

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 Zoo         K - Pet Store             L - Broker

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR

8. TYPE OF ORGANIZATION

Partnership                       Corporation                 Individual  
 Other (Specify) \_\_\_\_\_

### 9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS

### 10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)			

### 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 the 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
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