



Revised January 2013

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| IRS DEFINED NON-PROFIT CANINE RESCUE KENNEL LICENSE APPLICATION | DATE FILED: _____ AMT. PD: _____ ACCEPTED BY: _____ FILE NO: _____ |
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|---|
| <input type="checkbox"/> RENEWAL OF PRIOR YEAR LICENSE |
| LICENSE# |
| <input type="checkbox"/> NEW LICENSE |
| <input type="checkbox"/> LICENSE CHANGE (i.e., Location, Owners) |

Acceptance of application by staff does not indicate application approval. All applications must be reviewed and approved by the Cecil County Animal Care and Control Authority. Incomplete applications may cause delays in processing.

- Applications may be obtained from the Department of Finance, the Animal Care and Control authority or from the County's website: www.ccgov.org.
- Application review/inspection and license fees are waived for documented 501c3 Non-Profit 501c3 Canine Rescue Kennels.
- The following must be submitted to the Animal Care and Control Authority when scheduling the required inspection:
 - * Fully completed Application
 - * Sketch of proposed project that indicates property size, boundaries, structures, adjacent streets, etc.
 - * Program of Veterinary Care – Chapter 142. Appendix 5
 - * Exercise Plan for Dogs – Chapter 142. Appendix 7
 - * Documentation of 501c3 Non-Profit Status
- Upon application approval by the Cecil County Animal Care and Control Authority, the applicant will then submit this approved license application along with all required documentation to the Department of Finance to receive the license.
- APPLICANT IS RESPONSIBLE FOR THE FOLLOWING:**
 - * Meeting the criteria for granting a Non-Profit 501c3 Canine Rescue Kennel License, as set forth in the Cecil County Ordinance Chapter 142. Dogs and Other Animals.
- Subject properties located in the Chesapeake Bay Critical Area or an Agricultural Preservation District may require additional information and must meet all provisions and requirements pertaining to those areas.

QUESTIONS – CONTACT CECIL COUNTY ANIMAL SERVICES

PART 1. APPLICANT INFORMATION

RESCUE KENNEL NAME: _____
 Type of Rescue Kennel Shelter/Facility Based Foster Based only Both Shelter and Foster Based

RESCUE KENNEL ADDRESS: _____
 (Must include a street address)

OWNER'S NAME: _____ **PHONE NO.** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

OWNER'S NAME: _____ **PHONE NO.** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

PART 2. ELIGIBILITY CRITERIA

The information requested below must be supplied for every person who holds an ownership/manager/board interest in the rescue kennel. For purposes of this Rescue Kennel License Application – “You” – means any person holding an ownership/manager/board interest in the rescue kennel.

1. Have you ever been convicted (convicted includes guilty plea or no contest plea) of a violation of any Maryland State or Cecil County law, relating to cruelty to animals, or of substantially similar conduct pursuant to an animal cruelty law of another state or Commonwealth? No Yes

If you answered “Yes,” provide the following additional information for each such person.

Name of person: _____

a. Total number of convictions: _____

b. For each charge on which convicted, individually set forth the court, county and state of the conviction and court docket number:

c. For any Convictions that occurred more than 10 years prior to the filing of this Rescue Kennel License Application, provide any information you wish the County to consider as evidence you have been rehabilitated and that the granting of the rescue kennel license will not jeopardize the health, safety and welfare of the dogs:

2. Do you have a person who does or will play a role in caring for the dogs in the rescue kennel, who has been convicted (convicted includes a guilty plea or no contest plea) of a violation of any Maryland State or Cecil County law, relating to cruelty to animals, or of substantially similar conduct pursuant to an animal cruelty law of another state or Commonwealth? A role includes management of the rescue kennel or participation in caring for the dogs in the rescue kennel. No Yes

If “Yes” list the name of the individual(s) by name and address and the role they will play in the rescue kennel:

If you answered “Yes” to the above, for each such instance provide the date legal action or agreement was filed or consented to, the court in which the proceedings were initiated, the court’s docket number, the prosecuting authority bringing the charge, citation or with whom the agreement was reached. _____

3. Have you ever been convicted (convicted includes a guilty plea or no contest plea) of a felony?

No Yes

If you answered “Yes,” provide the following additional information.

a. Total number of convictions _____

b. For each charge on which convicted, individually set forth the court, county and state of the conviction and court docket number: _____

4. Within 10 years prior to the filing of this Rescue Kennel License Application have you:
- a. Been required to cease and desist from operating a rescue organization or kennel or owning, selling or caring for dogs or both?
 No Yes
 - b. Entered into an agreement with the Maryland Office of Attorney General which requires or required you to cease and desist from operating a rescue organization or kennel or owning, selling or caring for dogs, or both? No Yes

If you answered "Yes" to the above, for each such instance provide the date legal action or agreement was filed or consented to, the court in which the proceedings were initiated, the court's docket number, the prosecuting authority bringing the charge, citation or with whom the agreement was reached: _____

5. Is the location(s) of the rescue kennel for which the license is sought subject to a final, binding order, which is not subject to a pending legal challenge, declaring the rescue kennel is not a permitted use under the applicable zoning ordinance? No Yes

6. Have you had a rescue organization or kennel license, or out-of-state rescue organization or kennel license refused or revoked within the past ten years? No Yes

If you answered "Yes," list the Type of License and the year revoked or refused. _____

PART 3. RESCUE KENNEL DESCRIPTION: *(Describe in detail the proposed use, and temporary or permanent structures to be used. Use additional paper and attach if necessary).*

SITE PREPARATION: *(If grading is planned, attached copy of proposed Grading Plan)*

FENCING /BARRIERS: *(Describe type of fencing surrounding rescue kennel(s) and type of locking device)*

FACILITIES/SERVICES:

1. If facility based, identify all buildings and locations in or at which dogs are or will be kept or housed during this rescue kennel year:

2. Will the animals run loose? _____

3. Describe manure management program _____

5. Name, address and phone number of Veterinarian(s) _____

NOTE 1: If upon inspection, you refuse entry to the listed locations, such refusal shall be considered a failure to comply under Article 7 of Cecil County Chapter 142. Animal Care and Control.

PART 2. FOSTER BASED RESCUE KENNEL NETWORKS

Please provide a current list of Rescue Kennel Network Homes utilized by your kennel to house dogs:

Name(s): _____

Address: _____

City, State, Zip _____

Telephone Number where owner can be reached during business hours: () _____

Cumulative number of dogs housed, kept, harbored, boarded, sheltered, sold, given away and transferred annually by or through the Home set forth above:

Name(s): _____

Address: _____

City, State, Zip _____

Telephone Number where owner can be reached during business hours: () _____

Cumulative number of dogs housed, kept, harbored, boarded, sheltered, sold, given away and transferred annually by or through the Home set forth above:

Name(s): _____

Address: _____

City, State, Zip _____

Telephone Number where owner can be reached during business hours: () _____

Cumulative number of dogs housed, kept, harbored, boarded, sheltered, sold, given away and transferred annually by or through the Home set forth above:

Name(s): _____

Address: _____

City, State, Zip _____

Telephone Number where owner can be reached during business hours: () _____

Cumulative number of dogs housed, kept, harbored, boarded, sheltered, sold, given away and transferred annually by or through the Home set forth above:

Name(s): _____
 Address: _____
 City, State, Zip _____

Telephone Number where owner can be reached during business hours: _____ () _____
 Cumulative number of dogs housed, kept, harbored, boarded, sheltered, sold, given
 away and transferred annually by or through the Home set forth above: _____

Current listing of Rescue Kennel Network Homes utilized by your kennel to house dogs:

Name(s): _____
 Address: _____
 City, State, Zip _____

Telephone Number where owner can be reached during business hours: _____ () _____
 Cumulative number of dogs housed, kept, harbored, boarded, sheltered, sold, given
 away and transferred annually by or through the Home set forth above: _____

Name(s): _____
 Address: _____
 City, State, Zip _____

Telephone Number where owner can be reached during business hours: _____ () _____
 Cumulative number of dogs housed, kept, harbored, boarded, sheltered, sold, given
 away and transferred annually by or through the Home set forth above: _____

Name(s): _____
 Address: _____
 City, State, Zip _____

Telephone Number where owner can be reached during business hours: _____ () _____
 Cumulative number of dogs housed, kept, harbored, boarded, sheltered, sold, given
 away and transferred annually by or through the Home set forth above: _____

(Use additional paper and attach if necessary.)

CERTIFICATION – SIGNATURES: I/We certify that I/we understand and will comply with all provisions of Chapter 142, Animal Care and Control, governing Rescue Kennels, that I/we are presently the legal owner(s) of the above described rescue kennel and that the information provided herein and in all attachments and supporting material is true and correct to the best of my/our knowledge and belief. I/we grant permission to the Animal Care and Control Authority to inspect all animals and the premises where animals are kept at any time.

APPLICANT(S)/OWNER(S):

Print Name: _____ **Signature:** _____ **Date:** _____

Print Name: _____ **Signature:** _____ **Date:** _____

Print Name: _____ **Signature:** _____ **Date:** _____