



Revised January 2013

<b>CECIL COUNTY COMMERCIAL          KENNEL/CATTERY LICENSE          APPLICATION</b>	DATE FILED: _____ AMT. PD: _____ ACCEPTED BY: _____ FILE NO: _____
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<input type="checkbox"/> <b>RENEWAL OF PRIOR YEAR LICENSE</b>
<b>LICENSE #</b>
<input type="checkbox"/> <b>NEW KENNEL/CATTERY LICENSE</b>
<input type="checkbox"/> <b>LICENSE CHANGE (i.e., Location, Owners)</b>

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

1. Applications may be obtained from Cecil County Animal Services or from the County’s website: [www.ccgov.org](http://www.ccgov.org). Cattery, skip to item 4.
2. Commercial Kennel only: The following must be submitted to the Office of Planning and Zoning for new kennels only. (If renewal and there are no changes from the previous year, you may attach a copy of the previous application and skip to Step 3. Any sections that have changes, shall be completed.)
  - \* Fully completed Application which includes the following:
  - \* Sketch of proposed project that indicates property size, boundaries, structures, adjacent streets, etc.
3. Commercial Kennel only: Upon approval from Planning and Zoning, the approved package, including the items listed below, will be submitted to the Animal Care and Control Authority.
  - \* Program of Veterinary Care for Dogs – Chapter 142. Appendix 5 – Commercial Kennel only
  - \* Exercise Plan for Dogs – Chapter 142. Appendix 7 – Commercial Kennels only
  - \* Fee paid to the Animal Care and Control Authority for application review/inspection (non-refundable) as set by Chapter 142 – Appendix 1. Fees Schedule
4. Cattery only: The application package will be submitted to the Animal Care and Control Authority.
  - \* Fully completed Application
  - \* Program of Veterinary Care for Cats – Chapter 142. Appendix 13
  - \* Fee paid to the Animal Care and Control Authority for application review/inspection (non-refundable) as set by Chapter 142 – Appendix 1. Fees Schedule.
5. Upon application approval by the Cecil County Animal Care and Control Authority, the applicant will then submit this approved application along with all required documentation and the license fee, as set forth in Chapter 142. Appendix 1. Fees Schedule, to the Department of Finance to receive the license. Make checks payable to: **“Cecil County”**

**QUESTIONS – CONTACT THE CECIL COUNTY ANIMAL CARE CONTROL AUTHORITY.**

**PART 1. APPLICANT INFORMATION**

1. Check one of the following indicating the structure of the organization for which the license is requested:  
 Corporation      Partnership       LLC  
 S Corporation      Individual/Sole Proprietor       Other – Explain \_\_\_\_\_
2. The information requested below must be supplied for every person who holds an ownership interest in the kennel or cattery.

<b>Name of Kennel/Cattery to Appear on License</b>	<b>Kennel/Cattery License #</b>
Fictitious Name of Kennel/Cattery, if any:	
<b>Kennel/Cattery Address (physical location of kennel/ cattery) <input type="checkbox"/><input type="checkbox"/>Use As Mailing Address</b>	
(street address, city, state, zip)	
Mailing Address:	

*If you need more space, please attach additional sheets*

<b>Kennel/Cattery Owner(s) / Applicant(s): (If a Corporation or Limited Liability Company/ LLC, enter Corporate or LLC Name/Address and check appropriate box <input type="checkbox"/> Corporation    <input type="checkbox"/> LLC)</b>	<b>Mailing Address</b>	<b>Date of Birth</b>	<b>Contact Information</b>
Owner 1: (name and title / relationship to kennel/cattery operation)	<input type="checkbox"/> Yes  <input type="checkbox"/> No		Telephone Number: (   )
Address (street address, city, state, zip):			Fax Number: (   )
Mailing Address:			E Mail Address:
Owner 2: (name and title / relationship to kennel/cattery operation)	<input type="checkbox"/> Yes  <input type="checkbox"/> No		Telephone Number: (   )
Address (street address, city, state, zip):			Fax Number: (   )
Mailing Address:			E Mail Address:
Owner 3: (name and title / relationship to kennel/cattery operation)	<input type="checkbox"/> Yes  <input type="checkbox"/> No		Telephone Number: (   )
Address (street address, city, state, zip):			Fax Number: (   )
Mailing Address:			E Mail Address:

3. Owners and Management - Enter the following information:

(i) The names of all owners, partners (general or limited), corporate officers.

(ii) The names of all hired managers.

Position	Name and Address of Individual	Ownership interest in Kennel/Cattery (%)

(iii) Do you have a person who does or will own a financial interest in the kennel/cattery operation or participate in the management of the kennel/cattery who has been convicted (convicted includes a guilty plea or no contest plea) of a violation of 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 “Yes” list the name of the individual(s) by name and address and the role they will play in the kennel/cattery:

\_\_\_\_\_

\_\_\_\_\_

*If you need more space, please attach additional sheets*

**PART 2. ELIGIBILITY CRITERIA**

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

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 Kennel/Cattery License Application, provide any information you wish the County to consider as evidence you have been rehabilitated and that the granting of the kennel/cattery license will not jeopardize the health, safety and welfare of the animals:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Do you have a person who does or will play a role in caring for the animals in the kennel/cattery, 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 kennel/cattery or participation in caring for the animals in the kennel/cattery.  No  Yes

If "Yes" list the name of the individual(s) by name and address and the role they will play in the kennel/cattery:

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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. \_\_\_\_\_

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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: \_\_\_\_\_

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4. Within 10 years prior to the filing of this Kennel/Cattery License Application have you:

- a. Been required to cease and desist from operating a kennel/cattery or owning, selling or caring for animals 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 kennel/cattery or owning, selling or caring for animals, 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: \_\_\_\_\_

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

6. Have you had a kennel/cattery license, dealer license or out-of-state dealer 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. \_\_\_\_\_

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

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

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**FENCING /BARRIERS:** *(Describe type of fencing surrounding kennels/catteries and type of locking device)*

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**FACILITIES/SERVICES:**

1. Identify all buildings and locations in or at which animals are or will be kept or housed during this kennel/cattery year:

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2. Will the animals run loose? \_\_\_\_\_

3. How many and what type of animals? \_\_\_\_\_

4. Describe manure management program

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

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**NOTE 1:** If upon inspection, you refuse entry to the listed locations; such refusal shall be considered a failure to comply under Section 7 of Cecil County Chapter 209. Animal Care and Control.

**NOTE 2:** If at the time of an inspection dogs are kept or housed in buildings or locations not set forth below, the County reserves the right to consider the failure to list that location below to be a material misrepresentation.

The following information must be provided: Attach proof of rabies vaccinations for each dog.  
*(Use additional paper and attach if necessary).*

NAME OF DOG	DOG'S AGE	DOG'S WEIGHT	DATE OF RABIES VACCINATION	DOG COLOR	DOG BREED	MALE OR FEMALE

**CERTIFICATION – SIGNATURES:** I/We certify that I/we understand and will comply with all provisions of Chapter 142, Animal Care and Control, governing Commercial Kennels//Catteries, that I/we are presently the legal owner(s) of the above described property 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):**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OWNER(S):**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For the Animal Care and Control Agency's Use Only:</b>		
After performing the required inspection and reviewing this application, the following recommendation is made:		
<input type="checkbox"/> Application fee paid	<input type="checkbox"/> Approve Kennel/Cattery Shop license	<input type="checkbox"/> Deny/revoke Kennel/Cattery license
_____ Signature of authorized ACCA representative	_____ Printed Name of ACCA representative	