



Chapter 209. Animal Care and Control
Appendix 14. Boarding Kennel License
Application

Cecil County Animal Services
3280 Augustine Herman Hwy
Chesapeake City, MD 21915
(410) 441-2040

Revised January 2013

CECIL COUNTY BOARDING KENNEL LICENSE APPLICATION	DATE FILED: _____
	AMT. PD: _____
	ACCEPTED BY: _____ FILE NO: _____

<input type="checkbox"/> RENEWAL OF PRIOR YEAR APPROVAL
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 Zoning Administrator and the Cecil County Animal Care and Control Authority. Incomplete applications may cause delays in processing.

1. Applications may be obtained from the Department of Finance, the Animal Care and Control authority or from the County's website: www.ccgov.org.
2. The following must be submitted to the Office of Planning and Zoning for new kennels only. (If renewal, skip to Step number 4)
 - * Fully completed Application which includes the following:
 - * Sketch of proposed project that indicates property size, boundaries, structures, adjacent streets, etc.
3. Upon approval from Planning and Zoning, the approved package, including the items listed below, will be submitted to the Animal Care and Control Authority
 - * Fully completed Application
 - * Sketch of proposed project that indicates property size, boundaries, structures, adjacent streets, etc.
 - * Exercise Plan for Dogs – Chapter 142. Appendix 7
 - * Fee paid to the County's Animal Care and Control Authority for application review/inspection (non-refundable) as set by Chapter 142 – Appendix 1. Fines and Fees Schedule
4. 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 and the license fee, as set forth in Chapter 142 – Appendix 1. Fines and Fees Schedule, to the Department of Finance office to receive the license.
 Make checks payable to: **Cecil County**
5. **APPLICANT IS RESPONSIBLE FOR THE FOLLOWING:**
 - * Meeting the criteria for granting a Boarding Kennel License, as set forth in Chapter 142. Animal Care and Control, which is available on the Cecil County Government website.
 - * Contacting the Health Department, 401 Bow St., Elkton, (410-996-5160) relative to the application, or other County Departments as required for granted request.
6. 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

BOARDING KENNEL NAME: _____

BOARDING KENNEL 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 interest in the boarding kennel. For purposes of this Boarding Kennel Approval Application – “You” – means any person holding an ownership/manager/board interest in the boarding 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. *Use additional paper and attach if necessary*

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 Boarding Kennel Approval Application, provide any information you wish the County to consider as evidence you have been rehabilitated and that the granting of the boarding 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 boarding 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 boarding kennel or participation in caring for the dogs in the boarding kennel. No Yes

If “Yes”, list the name of the individual(s) by name and address and the role they will play in the boarding 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 Boarding Kennel License Application have you:

a. Been required to cease and desist from operating a 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 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 boarding kennel for which the license is sought subject to a final, binding order, which is not subject to a pending legal challenge, declaring the boarding kennel is not a permitted use under the applicable zoning ordinance? No Yes

6. Have you had a kennel license, or out-of-state 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. BOARDING 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 kennels and type of locking device)*

FACILITIES/SERVICES:

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

2. Will the animals run loose? _____

3. How many and what type of animals? _____

4. Describe manure management program _____

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

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

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

For the Animal Care and Control Agency's Use Only:

After performing the required inspection and reviewing this application, the following recommendation is made:

Application review fee paid Approve Board'g Kennel Shop license Deny/revoke Board. Kennel license

Signature of authorized ACCA representative

Printed Name of ACCA representative