



CECIL COUNTY PET SHOP LICENSE APPLICATION	DATE FILED: _____ AMT. PD: _____ ACCEPTED BY: _____	FILE NO: _____
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This application must be filed beginning April 1 and before 4:30 p.m. on April 30 with the Cecil County Department of Finance, 200 Chesapeake Blvd., Suite 1100, Elkton, Maryland 21921. If the application is not received in the Department of Finance office by 4:30 p.m. on April 30, then the business owner may be subject to a fine pursuant Section 142 of the Cecil County Code if it continues to transact business as an entity subject to the licensure requirements prescribed by Section 142. All payments made beginning May 1 must be paid in cash or certified funds.

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.

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.
 - * 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 to receive the license.
Make checks payable to: **Cecil County Government**
5. **APPLICANT IS RESPONSIBLE FOR THE FOLLOWING:**
 - * Meeting the criteria for granting a Pet Shop License, as set forth in the Cecil County Ordinance Chapter 142. Animal Care and Control 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.

Expiration, renewal, and revocation of pet shop licenses.

A Pet Shop License shall be valid from the date received for a period of one year and shall be renewed as required in Chapter 142 upon payment of the annual license fee. Failure to make timely application for the initial license or renewal shall result in a late fee of \$25.00.

The County may refuse to issue or renew any license if the applicant or licensee has failed to comply with the provisions of Chapter 142.

The Animal Care and Control Authority, Health Officer, or the authorized and trained representative of the Health Officer, may revoke a license issued under this title on finding that the licensee has failed to comply with Chapter 142 or any other applicable local, State, or federal law governing the protection and keeping of animals.

Zoning Requirements.

Unless specifically exempted by law or variance, before a license is issued under this title, the applicant must meet all existing zoning requirements.

QUESTIONS – CONTACT THE CECIL COUNTY DEPARTMENT OF FINANCE OR THE CECIL COUNTY ANIMAL CARE AND 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 _____

Pet Shop’s Business Name: _____

Address: _____ **City:** _____ **Zip:** _____

Phone No. _____ **Fax No.:** _____ **E-mail:** _____

Owner’s Name: _____ **Phone No.** _____

Address: _____ **City:** _____ **Zip:** _____

Owner’s Name: _____ **Phone No.** _____

Address: _____ **City:** _____ **Zip:** _____

Hours of Operation: _____

State License Number: _____ **Federal License Number:** _____

PART 2. ELIGIBILITY CRITERIA: The information requested below must be supplied for every person who holds an ownership interest in the pet shop. For purposes of this Pet Shop License Application – “You” – means any person holding an ownership interest in the pet shop.

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 Pet Shop License Application, provide any information you wish the County to consider as evidence you have been rehabilitated and that the granting of the pet shop 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 pet shop, 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 pet shop or participation in caring for the animals in the pet shop. No Yes

If "Yes," list the name of the individual(s) by name and address and the role they will play in the pet shop:

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 Pet Shop License Application have you:
 - a. Been required to cease and desist from operating a pet shop 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 pet shop 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: _____

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

- 6. Have you had a pet shop 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. _____

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

Facility Operated In: **Store** **Separate Building (Garage)** **Mobile Unit** **Dwelling**

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

2. Describe manure management program _____

3. 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.

NOTE 2: If at the time of an inspection animals 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.

Number and Types of Animals to Be Housed: *(Use additional paper and attach if necessary).*

Type of Animal:	Approximate # to be housed at any one time:	Type of Animal:	Approximate # to be housed at any one time:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number and Types of Animals to Be Housed: *(Use additional paper and attach if necessary).*

Type of Animal:	Approximate # to be housed at any one time:	Type of Animal:	Approximate # to be housed at any one time:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION – SIGNATURES: I/We certify that I/we understand and will comply with all provisions of Chapter 142, Animal Care and Control, governing Pet Shop Standards, 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:** _____

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 Pet Shop license Deny/revoke Pet Shop license

Signature of authorized ACCA representative

Printed Name of ACCA representative