



| <b>APPLICATION FOR PET STORE LICENSURE</b>  |  |           |
|---|--|-----------|
| <input type="checkbox"/> <b>NEW APPLICATION</b> <input type="checkbox"/> <b>RENEWAL APPLICATION</b>   |  |           |
| <b>BUSINESS NAME</b>  |  |           |
| Company Name:   |  |           |
| DBA/AKA (If different than above):  |  |           |
| Owner/Operator:   |  |           |
| Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other   |  |           |
| TIN/Vendor Number:  |  |           |
| State of Incorporation:   | Date of Incorporation:   |           |
| <b>BUSINESS INFORMATION</b>   |  |           |
| Actual Business Address:  |  |           |
| City:   | State:   | ZIP Code: |
| Phone:  | E-mail:  | Fax:      |
| Business Mailing Address:   |  |           |
| City:   | State:   | ZIP Code: |
| Phone:  | E-mail:  | Fax:      |
| <b>PAYMENT REQUIRED:</b>  |  |           |
| <p>A check or money order in the amount of \$500, made payable to "Ohio Department of Agriculture", must be enclosed in order to process this application. Failure to include requisite payment will result in the application being returned as incomplete:</p> <p><b>Call (614)728-6220 to pay using a Credit Card.</b></p>   | <p>Please mail this completed form to:</p> <p>Ohio Department of Agriculture<br/>Division of Animal Health<br/>Commercial Dog Breeders Office<br/>8995 East Main Street<br/>Reynoldsburg, Ohio 43068</p> |           |
| <b>SIGNATURES</b>   |  |           |
| <p>The foregoing statements are, to the best of my knowledge and belief of the applicant, true and correct. The company agrees to comply with all applicable regulations pursuant to Chapter 956 of the Revised Code. Additionally, the company agrees to permit the Ohio Department of Agriculture, or any of its authorized agents, to inspect company's facilities and records at any time. This application and any other documents provided by applicant will constitute a public record and thus may be publicly available to anyone who requests it.</p> |  |           |
| Signature of applicant or authorized individual:  |  | Date:     |
| <b>OFFICE USE ONLY:</b>   |  |           |
| <b>CHECK #:</b>   | <b>DATE RECEIVED STAMP:</b>  |           |
| <b>APPROVED:</b>  |  |           |
| <b>PERMIT NO:</b>   |  |           |

