



APPLICATION FOR PET SHOP LICENSE

**All questions on this application must be answered completely before the application will be considered.
Answers must be typed or legibly printed.**

TYPE OF APPLICATION

1. Select the description that applies to you (check one):

- I am applying for an Original License
- I am applying to renew a license (License # _____ that expires on _____)

2. Select the type of ownership (check one)

- Sole Proprietorship
- Corporation
- Partnership
- Unincorporated Association

BUSINESS INFORMATION (NOTE: The location of a Kennel or Pet Store is subject to applicable zoning and other regulations.)

3. BUSINESS LOCATION – Answer all questions completely. Please PRINT clearly

| | |
|-----------------------|----------------------------------------------|
| Business Name | Federal Employer identification Number (EIN) |
| Business Address | Business Phone |
| City, State, Zip | Business Email |
| Building Owner's Name | Building Owner's Phone/ Email |

OWNER/ APPLICANT INFORMATION

4. Enter this information about the person who is responsible for submitting this application.

| | | |
|---------------------|---------------|-------------------------------------------------------------------------|
| Applicant's Name | Phone | |
| Applicant's Address | Email | |
| City, State, Zip | Date of Birth | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |

SERVICES TO BE PROVIDED

5. Please check the type(s) of services your establishment will offer:

- Live animals
- Pet Food
- Pet Accessories
- Fish
- Other _____

CARE OF ANIMALS

6. Please provide the following information for the Licensed local Veterinarian(s) who will administer service in case an animal becomes sick or injured while at your pet shop.

| | |
|-------------------------------|-----------------------------|
| Veterinarian Business Name | Veterinarian Name: |
| Veterinarian Business Address | Veterinarian Business Phone |
| City, State, Zip | Veterinarian Business Email |
| Veterinarian Business Name | Veterinarian Name: |
| Veterinarian Business Address | Veterinarian Business Phone |
| City, State, Zip | Veterinarian Business Email |

PENALTY NOTICE

7. I certify that the pet shop will maintain adequate care and nutrition for all animals under our care. Having knowledge of all governmental laws, rules or regulations governing the keeping and protection of animals, I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.

Applicant's Signature

Date

A nonrefundable license fee is required to complete the filing of this application.

FOR OFFICE USE ONLY

| DEPARTMENT | APPROVE | DENY | BY | REASON |
|-----------------------------------|---------|------|----|--------|
| Planning Dept | | | | |
| Director of Joint Animal Services | | | | |

Reasonable accommodations for persons with disabilities will be made upon request if feasible.

Return application to: Olympia Business Licensing
PO BOX 1967,
601 4th Ave E,
Olympia, WA 98507

360.753.8327