



Kansas Department of Agriculture
 1320 Research Park Dr, Manhattan, KS 66502
 Phone: (785)564-6605 Fax: (785) 564-6778
<http://agriculture.ks.gov>

*=Required field. Application will be mailed back for corrections.

2017-2018 Temporary Pet Shop License

- New Application
- 1-2 sale days during license year- \$75/location 5-6 sale days during the license year- \$200/location
- 3-4 sale days during license year- \$150/location 7-12 sale days during the license year-\$350/location

We accept Visa,
 Master Card,
 Discover
 Make checks out to:
 KDA

State License #: _____ Premise County: _____

*Owner/Operator Name _____ *Sale Location Name _____

*Applicant Mailing Address _____ *Sale Location Address _____
(NOT PO Box)

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

Check which phone number you prefer:

- *Home Phone: _____ *Email: _____
- Cell Phone: _____ Fax: _____
- Work Phone: _____ *Social Security/FEIN: _____

*Please initial that you agree to the license type definition:

Y / N Do you currently hold a Kansas Animal Facility License? If so, what type? _____

*Please indicate the dates of the sales and times.

Date	Time	Date	Time

What species of animal do you sell? Dog Cat Ferrets Birds Other _____

Y / N *Have you or any of your employees ever been convicted of any crime relating to theft or cruelty to animals?
 (if yes, a letter of explanation MUST be attached)

I understand that Kansas law permits that a licensee may have routine inspections and may be inspected upon complaint. I hereby consent to the inspections by the Kansas Department of Agriculture. I understand inspections may be conducted outside of my preferred hours Monday to Friday, 7am to 7pm. I understand and agree that by signing this form I am required to provide to the animals in my custody adequate veterinary care as defined in K.S.A. 47-1701 (dd)(1). I understand and agree that in order to verify my compliance with this requirement, authorized representatives of the Kansas Department of Agriculture may contact my veterinarian and request written verification, including medical records, reflecting adequate veterinary care treatment of the animals in my custody. I understand that a willful disregard of any provision of the Kansas Pet Animal Act or of any regulations adopted thereunder may subject the licensee to suspension or revocation of the license and/or fine of up to \$1000 per violation and/or criminal penalties. I understand that a material misstatement in this application form may be grounds for denial, suspension or revocation of a license. The information contained within this application is true and correct to the best of my knowledge. There is a returned check fee of \$30.00 for checks which are dishonored and returned unpaid to KDA for any reason.

Owner Signature: _____ Date: _____

Printed Name: _____

TO BE COMPLETED BY KDA STAFF ONLY

TPS(): _____

AHL: _____ Transaction #: _____ CC/CK#: _____