



2023-2024 Temporary Pet Shop License
\$200 non-refundable fee

Renewal Application
 New Application
 * = required field

State License #: _____

Premise County: _____

Address and Contact Information

*Business Information: Individual/Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLP or LP <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> <i>If the applicant is a partnership, LLP, LP, Corporation, or LLC, the person applying on their behalf must be an authorized representative.</i>		
*Applicant Name:	*Premises/Business Name (if different):	*Phone Numbers (check which one is the preferred number): <input type="checkbox"/> Home: _____ <input type="checkbox"/> Cell: _____ <input type="checkbox"/> Work: _____ <input type="checkbox"/> Other: _____
If this is an entity registered with the KS Secretary of State, name of Authorized Representative:	*Premises Physical Address (cannot be a PO Box):	
*Applicant Mailing Address:	*Premises City, Zip Code:	
*Applicant City, Zip Code:	*Preferred Method to Receive Correspondence: <input type="checkbox"/> Email <input type="checkbox"/> Postal Mail	*Email:

License Details

***Please initial the statement below to indicate your acknowledgement and understanding.**

Read or print K.S.A. 47-1701 *et seq.*, and amendments thereto, and rules and regulations adopted thereunder (“Kansas Pet Animal Act”) online at: agriculture.ks.gov/afi

_____ I have read the Kansas Pet Animal Act in its entirety. I understand that I must follow all laws, rules, and regulations contained therein to operate a compliant facility and remain in good standing with the Kansas Department of Agriculture. Failure to follow all laws, rules, and regulations could result in the suspension or revocation of my license, as well as fines up to \$1000 for each violation.

_____ I understand this license allows me to operate for a total of 12 or fewer sale days during the license year and that the license year runs from October 1st to September 30th of each year.

_____ Neither I nor any of my employees have ever been convicted of a crime relating to theft or cruelty to animals.
 (if you or any employee has been convicted, a letter of explanation MUST be attached)

Please answer the questions below.

*If you currently hold a Kansas Animal Facility license, please list the type? _____

*What species of animal(s) do you sell? _____

TO BE COMPLETED BY KDA STAFF ONLY

TPS (): _____
 AHL: _____

Transaction #: _____

CC/CK#: _____

Please list the date, time, and location of each sale(s):

Date	Time	Location

Acknowledgement and Signature

I understand that Kansas law permits that a licensee may have routine inspections and may be inspected upon complaint. I 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. As a licensed USDA premises, I understand and agree that by signing this form my medical records, reflecting adequate veterinary care treatment of the animals in my custody fall under the USDA guidelines. I understand that a willful disregard of any provision of the Kansas Pet Animal Act or of any regulations adopted there under 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.

Owner Signature: _____ Date: _____

Printed Name: _____

TO BE COMPLETED BY KDA STAFF ONLY

TPS (): _____
 AHL: _____

Transaction #: _____

CC/CK#: _____