



**2018-2019 Temporary Pet Shop License**

- 1-2 sale days- \$75/location
  - 3-4 sale days- \$150/location
  - 5-6 sale days- \$200/location
  - 7-12 sale days- \$350/location
  - Renewal Application
  - New Application
- Apply online at: <https://www.kellysolutions.com/ks/indexAnimalHealth2.asp> \* = required field

State License #: \_\_\_\_\_

Premise County: \_\_\_\_\_

Address and Contact Information

\*Owner/Operator Name: \_\_\_\_\_

\*Applicant Mailing Address: \_\_\_\_\_

\*City \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Sale Location Name: \_\_\_\_\_

\*Sale Location Address: \_\_\_\_\_  
(NOT PO BOX)

\*City \_\_\_\_\_ \*Zip: \_\_\_\_\_

Check which phone number you prefer:

\*Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_

FEIN #: \_\_\_\_\_

License Details

Y / N \*Do you currently hold a Kansas Animal Facility license? If so, what type? \_\_\_\_\_

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)

\*What species of animal do you sell? \_\_\_\_\_

Please list the dates and times of the sale(s):

Date	Time	Date	Time

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#: \_\_\_\_\_