



Application Fee \$75.00
Date _____

FOR TOWN CLERK'S OFFICE ONLY
Date Recorded.....
Amount Paid.....

☐ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business Name: _____ Phone: _____
Business dba Name (if applicable): _____
Address with Zip Code: _____

Mailing Name (where we should send correspondence to): _____
Address with Zip Code: _____

Property Owner Name: _____ Phone: _____
Address with Zip Code: _____

Emergency Contact 1: _____ Phone; _____

Emergency Contact 2: _____ Phone; _____

Type of Business (Check one): ☐ Sole Proprietorship ☐ Partnership ☐ LLC
 ☐ Corporation ☐ Other

IF A SOLE PROPRIETORSHIP:

Owner's Name: _____
Address with Zip Code: _____

IF A PARTNERSHIP, LLC OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____
Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____
Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____
Address with Zip Code: _____

Total number of dogs over 3 months old to be kept _____

Average number of dogs at any given time _____

Average length of stay per dog, if short-term (for sale, boarding, etc.) _____

Hours the kennel will be supervised or attended _____

- | | | | |
|----|---|---------|---------|
| 1. | On the kennel premises, will dogs be bred? | Y _____ | N _____ |
| 2. | On the kennel premises, will dogs be given veterinary treatment? | Y _____ | N _____ |
| 3. | On the kennel premises, will dogs be sold? | Y _____ | N _____ |
| 4. | On the kennel premises, will dogs be boarded? | Y _____ | N _____ |
| 5. | On the kennel premises, will dogs be trained? | Y _____ | N _____ |
| 6. | On the kennel premises, will dogs be kept as pets? | Y _____ | N _____ |
| 7. | On the kennel premises, will dogs be kept for other purposes? Describe: | Y _____ | N _____ |
- _____
- _____

Square footage of yard on the premises to be occupied by dogs _____

Describe all fences, shelters, runs or other structures on premises to be occupied by dogs, and whether the structures now exist or are proposed _____

Describe where the dogs will be sheltered _____

Does this shelter have heat? Y _____ N _____

Does this shelter have running water? Y _____ N _____

Individual dog information if known (Continue on a new sheet if necessary):

#	Breed	Age	Weight	Sex	Neutered/ Spayed	License #, City
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading will result in the forfeiture of this license. The license will be effective for the listed location, and will be subject to all terms, conditions, and limitations set forth in the Raynham Code Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Town of Raynham.

Signature of Applicant _____ Date _____

FOR NEW APPLICANTS OR APPLICANTS ADDING DOGS: INSPECTIONAL SERVICES DEPARTMENT

The premises mentioned above is in a _____ Zone.

_____ The use is permitted as of right

_____ The use requires a special permit

_____ The use is prohibited

Signature: _____ Name and Title: _____

ANIMAL CONTROL OFFICER

I recommend this application Be approved. _____ Be denied. _____

Signature: _____ Name and Title: _____