



The City of  
**OKLAHOMA CITY**

# Application For Kennel License

## City of Oklahoma City

### 420 West Main, 8th Floor

Establishment Name		Date
Street Address	City	Zip
Previous Establishment Name (if any)		
Applicant Name (last)	(first)	Phone
Address	City	Zip
Corporation Name		Phone
Corporation Address	City	Zip
Service Agent Name		Phone
Service Agent Address	City	Zip

Category (check one box) 1. New <input type="checkbox"/> 2. Remodel <input type="checkbox"/> 3. Existing <input type="checkbox"/>	How many dogs are currently on premise? _____ How many dogs are anticipated in the future? _____ Do you keep dogs for show purposes? _____ Do you keep dogs to breed and sell? _____ Do you board dogs? _____	<b>Kennel plans and specifications must be submitted and approved prior to any construction or remodeling.</b>  _____ Plans approved by City (date)  _____ Plans approved by Health Dept. (date)
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I hereby affirm that the information contained above is complete and accurate to the best of my knowledge and that failure to operate a kennel in accordance with the Oklahoma City ordinances may make the license subject to suspension or revocation and that such violation may cause such license holders or their responsible officers subject to municipal charges.

_____ Printed name of applicant		_____ Signed by applicant	
<b>For Health Only</b> Disposition: Approved <input type="checkbox"/> Denied <input type="checkbox"/> _____ Date		<b>For City Only</b> License Issued _____ Clerks initials _____ _____ Date	
_____ Signature of inspector, title			

Call for inspection at least forty-eight hours prior to desired opening time to Oklahoma City-County Health Department, 921 N.E. 23rd. Street, 427-8651. After approved by health director, take completed approved copies to Oklahoma City License Division, 420 West Main, 8th floor for issuance of license. The pink copy will be returned as your permanent record.

White: Health Dept. Yellow: License Div. Pink: Applicant