



# APPLICATION FORM

## LAFAYETTE CO. COMMERCIAL ANIMAL ESTABLISHMENT PERMIT

NEW APPLICANT  RENEWAL

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

OWNER PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

BUSINESS E-MAIL: \_\_\_\_\_

Wisconsin Tax ID #: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

USDA License # (if applicable): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Please provide (2) individuals or businesses who agree to take responsibility for the animals in the event the permit holder is unable to care for them due to an unexpected event or emergency.

Contact #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact #1 Address: \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact #2 Address: \_\_\_\_\_

### TYPE OF FACILITY

Pet Dealer     Pet Breeder     Kennel     Dog Day Care     Pet Shop     Grooming Shop

PLEASE LIST THE APPROXIMATE NUMBER OF ANIMALS TO BE HOUSED AND/OR SOLD AT YOUR FACILITY

TYPE	NUMBER	TYPE	NUMBER