IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

Animal Welfare Bureau (515) 281-8601 (515) 281-6358

Wallace State Office Building 502 East 9th Street Des Moines. IA 50319

APPLICATION TO OPERATE IN IOWA AS LICENSED ANIMAL WELFARE FACILITY: Application Fees are Non-Refundable

Commercial Breeder	\$ 175.00	Commercial Kennel (Grooming, Boarding, Training)	\$175.00
Pet Shop	175.00	Public Auction	175.00
Boarding Kennel	175.00	Animal Shelter	75.00
Dealer	175.00	Pound	75.00
Research Facility (NOT federally licensed)	75.00		

No person shall operate a business in one of the above categories without a license or certificate of registration issued by the Iowa Department of Agriculture & Land Stewardship. (Section 162.13, Code of Iowa.) The applicant shall make request for licensing in each of the categories checked above in which he is doing business. The fee shall be the total of the individual fees of business categories for which the license application is being made.

A "Commercial Breeder" is a person, engaged in the business of breeding dogs or cats, who sells, exchanges, or leases dogs or cats in return for consideration, or who offers to do so. A person who owns or harbors three or less breeding males or females is not a Commercial Breeder.

Owners or their appointed agents must be present to allow inspection of facilities by personnel of the Department during normal business hours. It is incumbent upon the owner or appointed agent to provide information as to how they can be reached for the inspection during business hours.

Some municipalities require proper zoning for commercially licensed businesses. It is the applicant's responsibility to comply with all local, state and federal laws. Please check with local authorities.

Name of Business:	Home Phone:					
Business Phone:		Cell Phone:				
Street:		City:			Zip:	
County:		Township:		Section:		
Directions to business lo	ocation (if rural):					
Owner(s) Name(s):		E-Mail Address:				
Mailing Address (if diffe	erent from business a	ddress):				
Type of Ownership:	Corporation	Partnership	Individual	Other		
Taxpayer Identification	Number (EIN or SSN	N) <u>REQUIRED</u> :				
	This is the	number assigned to	o you or your busi	ness by the IRS		
	*	THIS WILL REM	AIN CONFIDEN	ΓIAL.*		
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				DATE:
	SIGNAT	ſURE:		
What other records are kept?				
Do you make records of all animals tran	sferred to and from your	housing facilities?		
Describe briefly how animals are transp	orted to and from your fa	cilities (enclosures used	l, care in tr	ransit):
Describe briefly immunization & prever	tative medication proced	lures used in preventing	diseases &	& parasite infestations:
Describe briefly cleaning and sanitizing	procedures:			
Describe briefly your vermin control pro	ogram (insects, rodents, e	tc.):		
Do you have isolation facilities for ill or	diseased animals?			
How are animal wastes disposed of fron	housing facilities and ex	xercise areas?		
Describe premises and housing facilities exercise areas, number of housing facili		mensions, type of mate	rials in co	nstruction, interior finishing,
How many animals on the average are n Rabbits & Rodents:Birds				
Inspection time most convenient Monda				
Proposed opening date of facility:				
3. In the past 10 years, have you ever be	een convicted of a felony	in this or any other stat	e? Yes	No
2. Have you ever had a license revoked	by the federal, state or lo	cal government to bree	d, care for	or sell animals? Yes No

License or registration fees shall accompany application. Make checks or money orders payable to IDALS (Iowa Department of Agriculture & Land Stewardship).

Mail to:Iowa Department of Agriculture & Land Stewardship
Animal Welfare Bureau
Wallace State Office Bldg.
502 East 9th Street
Des Moines, IA 50319