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APPLICATION TO OPERATE IN IOWA AS A LICENSED ANIMAL WELFARE COMMERCIAL ESTABLISHMENT

- Application types: New Application, Business Moving Locations, Change of Ownership, Adding to Current

No person shall operate a business in one of the below categories without authorization issued by the Iowa department of Agriculture & Land Stewardship. (Section 162.12A & 162.13, Code of Iowa.) The applicant shall make request for licensing in each of the categories checked below in which they are doing business. The fee shall be the total of the individual fees of business categories for which the license application is being made.

Table with 2 columns listing business categories and their associated fees (e.g., Commercial Breeder \$175, Pet Shop \$175, etc.)

Applicant must comply with all local, state, and federal laws including but not limited to zoning & maximum number of animals, etc.

Business Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Business Email: \_\_\_\_\_ Social Media Sites: \_\_\_\_\_

Facility Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Business Cell: \_\_\_\_\_

Owner or Authorized Representative(s): \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different from facility address): \_\_\_\_\_

Ownership: [ ] Corporation [ ] Partnership [ ] Individual [ ] Other

Owners or their authorized representative(s) must be present to allow inspection of facilities by personnel of the Department during normal business hours, Monday – Friday 9am to 3pm. 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 (21-IAC 67.13(162)(1).

Proposed opening date of facility: \_\_\_\_\_
Most convenient time for inspection (Mon-Fri from 9am to 3pm) \_\_\_\_\_

Criminal History

1. Has the applicant been convicted of or plead guilty to an act of animal cruelty or neglect?  Yes  No  
If yes, please describe: \_\_\_\_\_
2. Has the applicant had a license denied, suspended, or revoked by any federal, state or local government to breed, care for animals or sell animals?  Yes  No

Buildings and Premises

3. How many animals on the average are maintained in the total housing facilities? Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_  
Rabbits & Rodents: \_\_\_\_\_ Birds: \_\_\_\_\_ Reptiles: \_\_\_\_\_ Other Vertebrates: \_\_\_\_\_
4. Describe the premises and housing facilities (you may attach a diagram of facility):
  - a. Size of area \_\_\_\_\_
  - b. Building dimensions and size of interior rooms \_\_\_\_\_
  - c. Type of materials used in construction including flooring, kennels, walls, etc. \_\_\_\_\_  
\_\_\_\_\_
  - d. Interior finishes of animal contact areas \_\_\_\_\_
  - e. Exercise areas \_\_\_\_\_
  - f. Number of housing facilities (buildings) \_\_\_\_\_
  - g. Number of primary enclosures (cages, kennels, pens, aquariums, etc.) \_\_\_\_\_
5. Will your commercial establishment be operated out of your residence as an In-Home Facility?  
 Yes  No  
In home facility means an individual required to be licensed as a commercial establishment who maintains or harbors animals within the individual's residence. In home facilities may not maintain or harbor more than six (6) adult animals in the individual's residence. (IAC 67.9(162) In-home facilities)
6. Describe the storage and disposal of waste materials from the housing facility and exercise areas \_\_\_\_\_  
\_\_\_\_\_
7. Describe the disposal of dead animals \_\_\_\_\_
8. Describe control measures to prevent insects and vermin \_\_\_\_\_  
\_\_\_\_\_
9. Describe your isolation facilities to prevent disease exposure of healthy animals \_\_\_\_\_  
\_\_\_\_\_
10. Describe your cleaning procedures, including frequency of cleaning \_\_\_\_\_  
\_\_\_\_\_
11. Describe your sanitizing procedures, including frequency of sanitation \_\_\_\_\_  
\_\_\_\_\_
12. Describe your immunization (vaccination) and preventative medication procedures to prevent disease and parasite infestation \_\_\_\_\_  
\_\_\_\_\_
13. Describe heating and ventilation system in your facility \_\_\_\_\_

Animals in Transit

14. Describe how animals are transported to and from your facility:
- a. Enclosures used \_\_\_\_\_
  - b. Care in transit (including food, water, exercise, temperature regulation, ventilation, sanitary measures)  
\_\_\_\_\_  
\_\_\_\_\_

Health of Animals

15. Commercial Kennels and Boarding Kennels (including Dog Day Care): A written veterinary care agreement is required to provide care for an animal in your care, should care be required and the animal's regular veterinarian is unavailable. Please complete the below information:

Veterinarian Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

16. Commercial Establishments (excluding Commercial Kennels & Boarding Kennels) are required to enter into a written agreement with a veterinarian to provide care for the animals maintained at the facility & provide a yearly inspection at your facility fill. Please complete the below information:

Veterinary Name \_\_\_\_\_ Date of Last Inspection \_\_\_\_\_  
Address \_\_\_\_\_ Phone number \_\_\_\_\_

Recordkeeping

17. Describe your record keeping for all animals harbored or maintained in your commercial establishment:  
\_\_\_\_\_

18. What records are maintained by your commercial establishment and for how long? \_\_\_\_\_  
\_\_\_\_\_

19. Are all dogs and cats originating from out of state accompanied by a certificate of veterinary inspection (CVI)?  Yes  No

20. Are all dogs over four (4) months of age, originating from out of state, vaccinated for rabies and current on rabies vaccination prior to arrival in Iowa?  Yes  No

Letter of Attestation

I am aware that it is my responsibility as the applicant to review and comply with all Iowa Department of Agriculture and Land Stewardship Animal Welfare Code ([Chapter 162](#)) and Rules ([21-IAC Chapter 67](#)).  
\_\_\_\_\_ (initial)

I understand that the license fee(s) is non-refundable. If for any reason, I do not open or close my business during the license year, my license fee will not be refunded.  
\_\_\_\_\_ (initial)

I understand that my application is only valid for six (6) months and that I have a maximum of three (3) opportunities to have a compliant pre-licensing inspection. IF more than six (6) months has lapsed since my application was received or I have had three (3) non-compliant pre-licensing inspections, I understand that I must reapply for license and submit another licensing fee.  
\_\_\_\_\_ (initial)

I understand that my license is non-transferable between locations or owners. If I move to a new location, I must reapply, pay a new licensing fee and have a compliant a pre-licensing inspection prior to operation. If the business has a new owner, the new owner must apply for a license, pay a new licensing fee and have a compliant pre-licensing inspection prior to operation.

\_\_\_\_\_ (initial)

I understand that I cannot operate without authorization issued or renewed by IDALS (Iowa Code, 162.13(1) & 162.12A (2)). Operating without authorization is subject to civil and/or criminal penalties.

\_\_\_\_\_ (initial)

I understand that my authorization to operate expires on an annual basis and must be renewed on or before the authorization’s expiration date (Iowa Code, 162.2A (4)). Operating without an authorization issued or renewed by IDALS is subject to civil and/or criminal penalties.

\_\_\_\_\_ (initial)

By signing below, I declare under penalty of perjury, under state and federal law that the statements contained herein are true and accurate to the best of my knowledge. I understand that making a material misstatement in this application is grounds for disciplinary action against my license, which may include denial of this license.

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

*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  
Animal Industry Bureau  
Wallace State Office Bldg.  
502 E. 9<sup>th</sup> St  
Des Moines IA 50319-0051**