

TOWN OF SEYMOUR
6500 TOWER DRIVE
EAU CLAIRE, WISCONSIN 54703
715.834.4999 Office; 715.834.3687 Fax
www.townofseymour.org

APPLICATION FOR KENNEL LICENSE

TO: Clerk
6500 Tower Drive
Eau Claire, WI 54703

The undersigned hereby applies for a kennel license pursuant to Town of Seymour Municipal Code 2-1.0325.

Please submit the following information:

1. Name: _____
2. Address of Applicant: _____
3. Phone: _____
4. Location of Kennel: _____
5. Description of Kennel and Operation: _____

6. Number of Dogs: _____
7. Breeds of Dogs: _____
8. Is it proposed to:
 - a. Breed of dogs? _____
 - b. Board dogs for others? _____
 - c. Hold dogs for sale? _____
 - d. Hold dogs for any other purpose? _____ i.e. _____
9. How are the dogs to be housed or caged? _____
10. What means will be used to suppress noise? _____

11. What means will be used to dispose of animal wastes? _____
12. What is the zoning of the property where the kennel is to be established? _____

13. Have you obtained a county and/or local conditional use permit for the kennel? _____

14. What is the distance from the proposed kennel to the boundary of the nearest residential lot: _____

15. Attach a drawing showing the lot and the location thereon where the kennel is proposed to be constructed, neighboring properties and residential buildings, and distances from the kennel site to the boundaries of residential lots.

16. Have you ever been convicted of an animal crime or animal ordinance violation, and if so, for what reason? _____

17. By virtue of the application you agree to an on-site inspection by the local health officer or Humane officer of the premises where animals are kept on an annual basis or whenever a complaint has been registered.

18. You agree to amend this application if the number of dogs that this license is issued for increases.

19. Enclosed is the prescribed fee of \$25.00

Dated this _____ day of _____ 201 _____

Signed _____