Animal Welfare Program
207) 287-3846
animal.welfare@maine.gov

§3932-B KENNEL LICENSE (formerly 'Municipal Kennel')

APPLICATION REQUIREMENTS:

- Completed Kennel application
- Completed Kennel Inspection Request form
- Completed Background Check Information form
- Copy of rabies certificate for every dog age 3 months and 30 days or older
- Check or Money order to "Treasurer, State of Maine" for License fee
- Check or Money order to "Treasurer, State of Maine" for Background Check(s)
- AFTER YOUR INSPECTION, submit your completed inspection form to animal.welfare@maine.gov

FEES:

License 5-10 dogs	**$50.00 annually**
License 11-20 dogs	**$100.00 annually**
License 21+ dogs	**$150.00 annually**
Background Check	**$25.00 per applicant**
Late Fees	**+ 50% license fee after January 31st each year**

If you have any questions, please call 207-287-3846 Monday through Friday, 8 AM to 4 PM, or email animal.welfare@maine.gov.

FEES ARE NOT REFUNDABLE
LICENSES ARE NON-TRANSFERABLE

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§3932-B Kennel Application

APPLICANT INFORMATION

APPLICANT		CO-APPLICANT (if any)	
Name		Name	
Date of birth	Phone #	Date of birth	Phone #
Email address		Email address	
Home address (if different from kennel address)		Home address (if different from kennel address)	
City/State	ZIP	City/State	ZIP
Mailing address (if different)		Mailing address (if different)	
City/State	ZIP	City/State	ZIP

Has any applicant ever had an animal or animal business or facility license denied, suspended, or revoked? If yes, explain.

☐ No
☐ Yes:

Attach additional pages as necessary

KENNEL

Type of §3932-B Kennel
- ☐ Breeding
- ☐ Hunting
- ☐ Show
- ☐ Training
- ☐ Field Trials
- ☐ Exhibition
- ☐ Sledding
- ☐ Other competition

Have you sold or exchanged for value more than 16 puppies in any 12-month period?
- ☐ No
- ☐ Yes

If yes, please specify the number sold or exchanged for value and when this occurred:

Kennel address	City/State	Zip

Do the listed dogs live/sleep within your primary residence's living area (not including garage)?

Complete the following section for any dogs who do **not** currently have an individual Maine dog license.

DOGS OVER 4 MONTHS MUST BE LISTED DUPLICATE SHEET FOR ADDITIONAL DOGS

DOG #1			DOG #2		
Name	Mo/Yr Born	Sex ☐ Male ☐ Female	Name	Mo/Yr Born	Sex ☐ Male ☐ Female
Color(s)	Breed		Color(s)	Breed	
Microchipped ☐ No ☐ Yes	Microchip #		Microchipped ☐ No ☐ Yes	Microchip #	
Spayed/Neutered ☐ No ☐ Yes	ADA Service Dog ☐ No ☐ Yes		Spayed/Neutered ☐ No ☐ Yes	ADA Service Dog ☐ No ☐ Yes	
DOG #3			**DOG #4**		
Name	Mo/Yr Born	Sex ☐ Male ☐ Female	Name	Mo/Yr Born	Sex ☐ Male ☐ Female
Color(s)	Breed		Color(s)	Breed	
Microchipped ☐ No ☐ Yes	Microchip #		Microchipped ☐ No ☐ Yes	Microchip #	
Spayed/Neutered ☐ No ☐ Yes	ADA Service Dog ☐ No ☐ Yes		Spayed/Neutered ☐ No ☐ Yes	ADA Service Dog ☐ No ☐ Yes	
DOG #5			**DOG #6**		
Name	Mo/Yr Born	Sex ☐ Male ☐ Female	Name	Mo/Yr Born	Sex ☐ Male ☐ Female
Color(s)	Breed		Color(s)	Breed	
Microchipped ☐ No ☐ Yes	Microchip #		Microchipped ☐ No ☐ Yes	Microchip #	
Spayed/Neutered ☐ No ☐ Yes	ADA Service Dog ☐ No ☐ Yes		Spayed/Neutered ☐ No ☐ Yes	ADA Service Dog ☐ No ☐ Yes	
DOG #7			**DOG #8**		
Name	Mo/Yr Born	Sex ☐ Male ☐ Female	Name	Mo/Yr Born	Sex ☐ Male ☐ Female
Color(s)	Breed		Color(s)	Breed	
Microchipped ☐ No ☐ Yes	Microchip #		Microchipped ☐ No ☐ Yes	Microchip #	
Spayed/Neutered ☐ No ☐ Yes	ADA Service Dog ☐ No ☐ Yes		Spayed/Neutered ☐ No ☐ Yes	ADA Service Dog ☐ No ☐ Yes	Lic
DOG #9			**DOG #10**		
Name	Mo/Yr Born	Sex ☐ Male ☐ Female	Name	Mo/Yr Born	Sex ☐ Male ☐ Female
Color(s)	Breed		Color	Breed	
Microchipped ☐ No ☐ Yes	Microchip #		Microchipped ☐ No ☐ Yes	Microchip #	
Spayed/Neutered ☐ No ☐ Yes	ADA Service Dog ☐ No ☐ Yes		Spayed/Neutered ☐ No ☐ Yes	ADA Service Dog ☐ No ☐ Yes	

VETERINARIAN OF REFERENCE		
Name of Veterinarian and/or Clinic	Phone #	
Address	City/State	Zip

EMERGENCY CONTACT INFORMATION		
Name	Phone #	
Address	City/State	Zip

CERTIFICATION AND SIGNATURE

☐ I certify or declare that I have not been convicted of animal cruelty or any other offense that prohibits me from owning, possessing, or keeping animals or prohibits issuance of a kennel license.

☐ I understand that obtaining this kennel license does not authorize or establish any type of business and is solely used to license multiple dogs kept for one or more of the specific purposes outlined in 7 MRS §3907(17).

☐ I understand and agree that if breeding takes place, a Breeding Facility License may be required, or for fewer than 16 puppies in a 12-month period, a Maine Vendors License is required, and I will obtain the appropriate license from the State of Maine Animal Welfare Program

☐ I understand that §3932-B kennels are required to comply with Chapter 702 Rules Governing Animal Welfare.

☐ I certify or declare under penalty of perjury under the laws of the State of Maine that the foregoing is true and correct.

X _____ Date: _____
Applicant Signature

X _____ Date: _____
Co-Applicant Signature (if any)

ATTACH

☐ Copy of Valid Rabies Certificate for each dog

☐ Request for Inspection Form

☐ Background Check Information Form

☐ Fee for Kennel License

☐ Fee(s) for Background Check(s) (first application only)

Checks and money orders payable to "Treasurer, State of Maine". Must send a separate payment for the background check.

SUBMIT COMPLETED APPLICATION, FEES AND ATTACHMENTS TO:

Maine Animal Welfare Program

28 STATE HOUSE STATION

AUGUSTA, ME 04333-0028

§ 3932-B Kennel License INSPECTION Request Form

Pursuant to Maine Law all §3932-B kennels must be licensed annually by the Maine Animal Welfare Program and undergo an annual inspection, which is performed by the municipal Animal Control Officer for the municipality where the kennel is located.

Instructions: Complete and return this form along with your completed §3932-B Kennel Application. Animal Welfare will transmit your Inspection Request Form to your municipality.

Complete all of the following information

Applicant Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____

Kennel Information

Kennel Name(if any): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____

Capacity limit of facility: ☐ 10 or fewer dogs ☐ 11-20 dogs ☐ 21+ dogs

Kennel Inspection

Kennel inspections are performed by your local animal control officer annually. They may be by appointment or unannounced and are done on weekdays. Officers will attempt to perform an inspection on one of the dates/times listed below or will contact you if they are unable to meet any of the requests below.
After the inspection, you will receive a copy of the kennel inspection results, which you must submit to animal.welfare@maine.gov for your license to be issued.

Please provide at least 4 dates/time ranges in the next 30 days for the inspection:

Date: _____ 8am-11am 11am-2pm 2pm-5pm

Date: _____ 8am-11am 11am-2pm 2pm-5pm

Date: _____ 8am-11am 11am-2pm 2pm-5pm

Date: _____ 8am-11am 11am-2pm 2pm-5pm

Animal Welfare Use Only Received date: _____ Date Request Made to Municipality: _____

Confirmation of Municipal Receipt received: _____ Second Request Made to Municipality: _____

Agent Dispatched: Date: Invoice to Muncipality:

Maine Animal Welfare Program, 28 State House Station, Augusta, Maine 04333-0028

§ 3932-B Background Check Information Form

Pursuant to Maine Law, all applicants for §3932-B kennels undergo a criminal background check to ensure eligibility to hold a license. The fee for the check is $25. This is only required for an initial application or a reapplication following a lapse in licensing.

Instructions: Complete and return this form along with your completed §3932-B Kennel Application.

Complete all of the following information

Applicant Information

First Name:_____ Middle Name: _____ Last Name:_____

Maiden Name (if any): _____

Any other name(s) used in last 10 years: _____

Address: _____ City: _____ State: _____ Zip: _____

Drivers License Number_____ State of Driver's License_____

Signature: _____ Date:_____

Co-Applicant Information

First Name:_____ Middle Name: _____ Last Name:_____

Maiden Name (if any): _____

Any other name(s) used in last 10 years: _____

Address: _____ City: _____ State: _____ Zip: _____

Drivers License Number_____ State of Driver's License_____

Signature: _____ Date:_____

Maine Animal Welfare Program, 28 State House Station, Augusta, Maine 04333-0028