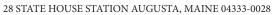
STATE OF MAINE DEPARTMENT OF AGRICULTURE, CONSERVATION & FORESTRY ANIMAL WELFARE PROGRAM





PET SHOP APPLICATION

A criminal background check is required by law. Please include \$25.00 (per owner) in addition to the \$150.00 (license fee). Please make checks payable to Treasurer, State of Maine.

Facility Name:			Sales Tax ID #:		
Mailing Address:					
Physical Location/d	irections:				
Facility Phone:		Alternate Phone:	Opening Date:		
Email:					
Hours of Operation	(*Required for i	nspection purposes):			
*Owner Name:					
	First	MI	Last	Maiden Name	Nickname
Date of Birth:			Drivers License #:		
*Co-Owner Name:_					
	First	MI	Last	Maiden Name	Nickname
Date of Birth:			Drivers License #:		
*Director/Manager:					
	First	MI	Last	Maiden Name	Nickname
Date of Birth:			Drivers License #:		
After Hours Contac	t Name & Phone	e Number:			

*7 § 4153. Sale Prohibited

Any Pet Shop licensed after May 1, 2019 is prohibited from selling dogs and cats.

*7 § 3935. License Prohibited

PHONE: (207) 287-3846

The department may not issue a license to maintain a boarding kennel, a breeding kennel or pet shop to a person who, within the 10 years previous to the application for the license, has been convicted of murder, a Class A or B offense, a violation under a Title 17-A, chapter 9, 11, 12 or 13 or a criminal violation under Title 17, chapter 42 or under a criminal law involving cruelty to animal that is no longer in effect or within 10 years previous to the application for the license, has been adjudicated of a civil violation for cruelty to animals under chapter 739 or has been convicted or adjudicated in any other state provincial or federal court of a violation similar to those specified in this section.

Species of animals that your facility will sell (Check all that apply)					
Dog (prohibited) Cat (prohibited)	☐ Reptiles ☐ Small Mammals	☐ Birds ☐ Other Species:			
List the estimated number of ca	ages in your facility:				
List the estimated number of ta	nks in your facility:				
Quarantine Area for New Arri	<u>vals</u>				
Please describe your plan for th	ne isolation of any new arrivals:				
	iness use?				
Please list any suppliers from won separate sheet.	which you purchase your stock. If	more space is required please attach			
Supplier Name	Address	Phone Number			
	e rules or animal welfare laws will result	S GOVERNING ANIMAL WELFARE and I in suspension of any licensing or permits			
CATS and I understand that any viola	•	S GOVERNING THE SALE OF DOGS AND is will result in suspension of any licensing newals.			
I certify the information given he	erein to be true and complete to th	e best of my knowledge.			
Name (Signature)	Name (Printed)	Date			