



STATE OF MAINE  
DEPARTMENT OF AGRICULTURE ANIMAL WELFARE PROGRAM

**RESEARCH FACILITY LICENSE APPLICATION**

(Annual License fee: \$200 Background check: \$25)

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

**Please enter the following information completely:**

Facility Name: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City, State: \_\_\_\_\_, \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_  
Corporate Officers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address if different than physical address:  Same as Above

Business Name: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State: \_\_\_\_\_, \_\_\_\_\_ Zip Code: \_\_\_\_\_

Types of Animals Utilized for Research: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Seperate Rooms for Each species:  Yes  No

Details: \_\_\_\_\_  
\_\_\_\_\_

You must notify this office immediately, if any information stated by you above should change.

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

Phone: (207) 287-3846  
Fax: (207) 624-5028

SUBMIT

For Office Use Only
Date Processed _____
Permit Number _____