



John E. Baldacci
Governor

MAINE DEPARTMENT OF AGRICULTURE FOOD AND RURAL RESOURCES

OFFICE OF THE COMMISSIONER
ANIMAL WELFARE PROGRAM
28 STATE HOUSE STATION
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Seth H. Bradstreet, III
Commissioner

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Pet Shop Application

Facility Name: _____ Sales Tax ID: _____

Mailing Address: _____

Physical Location/Directions: _____

Facility Phone: _____ Emergency Phone: _____

Hours and Days of operation: _____

Corporation Name and EIN: _____

Owner Name: _____
First MI Last Nickname or Maiden Name

Date of Birth: _____ Drivers License #: _____

Co-Owner Name: _____
First MI Last Nickname/Maiden name

Date of Birth: _____ Drivers License #: _____

7 § 3935. License Prohibited

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12 or 13 or a criminal violation under Title 17, chapter 42 or under a criminal law involving cruelty to animal that is no longer in effect or within 10 years previous to the application for the license, has been adjudicated of a civil violation for cruelty to animals under chapter 739 or has been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

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

Species of animals your facility will sell (Check all that apply)

Dog: _____

Cat: _____

Reptiles: _____

Birds: _____

Small Mammals: _____

Other: _____

List the estimated number of cages/tanks in your facility: _____

Quarantine Area for New Arrivals

Please describe your plan for the isolation of any new arrivals: _____

What Veterinarian will your business use? _____

Please list any suppliers from which you purchase your stock. Include name, address and telephone number.
(attach additional sheet if necessary)

I certify the information given herein to be true and complete to the best of my knowledge.

Name Date