



STATE OF MAINE
DEPARTMENT OF AGRICULTURE, CONSERVATION & FORESTRY
ANIMAL WELFARE PROGRAM
 28 STATE HOUSE STATION
 AUGUSTA, MAINE 04333

JANET T. MILLS
 GOVERNOR

AMANDA E. BEAL
 COMMISSIONER

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 #: _____

Corporation Name and EIN: _____

Mailing Address: _____

Physical Location/Directions: _____

Facility Phone: _____ Emergency Phone: _____ Opening Date: _____

Email Address: _____

Hours and Days of operation (*Required for inspection purposes): _____

Owner Name: _____

First	MI	Last	Maiden Name	Nickname
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Date of Birth: _____ Driver's License #: _____

Co-Owner Name: _____

First	MI	Last	Maiden Name	Nickname
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Date of Birth: _____ Driver's License #: _____

7 § 3935. License Prohibited

The department may not issue a license to maintain a boarding kennel, breeding kennel, animal shelter 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 Class B offense, a violation under 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or 13 or a criminal violation under Title 17, chapter 42, or under a criminal law involving cruelty to animals that is no longer in effect, or within 10 years previous to the application for the

LIAM HUGHES, DIRECTOR
 ANIMAL WELFARE PROGRAM
 90 BLOSSOM LANE, DEERING BUILDING



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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 _____ Reptiles _____ Birds
_____ Cat _____ Small Mammals _____ Other

List the estimated number of cages in your facility: _____

List the estimated number of 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. If more space is required please attach on separate sheet.

Supplier Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Name (Signature) Name (Printed) Date