# COMMONWEALTH OF PENNSYLVANIA

## KENNEL LICENSE APPLICATION

# Application for Pennsylvania
# OUT-OF-STATE DEALERS
# 2020
## Kennel License

| | |
|---|---|
| **Pennsylvania Kennel License #** (fill in where renewal is sought) | |
| **Renewal of Prior License** | ☐ |
| **New Kennel** | ☐ |

**Kennel applications must be either typed or printed and returned to the appropriate address indicated on the instruction sheet. Checks or money orders shall be made payable to the PA Department of Agriculture.**

**Money Order:** ☐ **Yes** ☐ **No**

**Check #:** _____ **Payment Amount:** _____

**All information must be completed and incomplete applications will be returned. Each kennel license type and kennel location must have a separate application.**

## I. PART 1: *Applicant Information*

| **Name of Kennel to Appear on the Out-of-State Dealer Kennel License** | **Kennel License #** | **County** |
|---|---|---|
| | | |

| **Kennel Address (physical location of kennel)** | **Twp/Borough** |
|---|---|
| (street address, city, state, zip code) | |
| ☐ Please check box if mailing address is different than above.<br>List mailing address here: _____ | **Business Phone #** |



*If you need more space, please attach additional sheets*

**1. The information requested below must be supplied for every person who holds an ownership interest in the kennel.**

| **Out-of-State Dealer / Kennel Owner(s) / Applicant(s):** ***(If a Corporation, Enter Corporate Name/Address)*** | **Date of Birth** | **Contact Information** | **Percent Owner (%)** |
|---|---|---|---|
| **Owner 1**: (name and title / relationship to kennel operation)<br><br>----------<br>--Address (street address, city, state, zip code): | | Telephone Number:<br>( )<br>Fax Number:<br>( )<br>E Mail Address: | |
| **Owner 2**: (name and title / relationship to kennel operation)<br><br>----------<br>Address (street address, city, state, zip code): | | Telephone Number:<br>( )<br>Fax Number:<br>( )<br>E Mail Address: | |
| **Owner 3**: (name and title / relationship to kennel operation)<br><br>----------<br>Address (street address, city, state, zip code): | | Telephone Number:<br>( )<br>Fax Number:<br>( )<br>E Mail Address: | |

**For any additional owners provide all requested information on a separate sheet.**

**2. Previous Owner Interest:**

| Has the Owner(s) ever owned, operated, managed or been employed by any licensed Pennsylvania in-state kennel under the Pennsylvania Dog Law? | ☐Yes ☐No |
|---|---|

If "Yes," provide the following information:

1. Owner Name _____
2. Type of Interest _____
3. Name(s) and Address(es) of Kennels:
   _____

_____
__

_____

4. Dates owned, operated, managed or employed
   _____

_____



*If you need more space, please attach additional sheet*

**3. Management - Enter the following information**:

(i) The names of all hired managers.

(ii) If no managers, please mark N/A (not applicable).

| Position | Name and Address of Individual | Date of Birth |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

***(Note)**: For Partnerships, Corporations, Limited Liability Companies, please attach a list of partners, officers and directors, or members as applicable with position held and address. Attach a separate sheet of Owners/Stockholders that own 10% or greater share of the business and indicate the number of shares for each stockholder.

(iii) Do you have a person who does or will own a financial interest in the kennel operation or participate in the management of the kennel who has been convicted (convicted includes a guilty plea or no contest plea) of a violation of 18 Pa.C.S. § 5511 (relating to cruelty to animals) or of substantially similar conduct pursuant to an animal cruelty law of another state or Commonwealth?
☐ No ☐ Yes

If "Yes" list the individual(s) by name and address and the role they will play in the kennel:
_____
_____

## II. PART 2: *Eligibility Criteria*

**For purposes of this Kennel License Application – "You" – means any person holding an ownership interest in the kennel.**

1. Have you ever been convicted (convicted includes guilty plea or no contest plea) of a violation of 18 Pa.C.S. § 5511 (relating to cruelty to animals) or of substantially similar conduct pursuant to an animal cruelty law of another state or Commonwealth? ☐ No ☐ Yes

If you answered "Yes," provide the following additional information for each such person.

Name of person: _____

a. Total number of convictions: _____

b. For each charge on which convicted, individually set forth the court, county and state of the conviction and court docket number: _____
_____
_____

c. For any Convictions that occurred more than 10 year prior to the filing of this Kennel License Application, Provide any information you wish the Department to consider as evidence you have been rehabilitated and that the granting of the kennel license will no jeopardize the health, safety, and welfare of the dogs:_____
_____
_____



*If you need more space, please attach additional sheets*

2. Do you have a person who does or will play a role in the transportation and/or care of dogs being transported into or out of the Commonwealth of Pennsylvania, who has been convicted (convicted includes a guilty plea or no contest plea) of a violation of 18 Pa.C.S. § 5511 (relating to cruelty to animals) or of substantially similar conduct pursuant to an animal cruelty law of another state or Commonwealth? A role includes management by the person applying for a PA Out-of-State Dealers License and/or participation in transporting / caring for the dogs in your possession. ☐ No ☐ Yes

If "Yes" list the name of the individual(s) by name and address and the role they will play in the kennel: _____.

3. Have you ever been convicted (convicted includes a guilty plea or no contest plea) of a felony?
☐ No ☐ Yes

If you answered "Yes," provide the following additional information.

a. Total number of convictions_____
b. For each charge on which convicted, individually set forth the court, county and state of the conviction and court docket number: _____

_____

_____

4. Within 10 years prior to the filing of this Out-of-State Dealers License Application have you:

a. Been found to have violated Section 9.3 of Act of December 17, 1968 (P.L. 1224, No. 387) known as the "Unfair Trade Practices and Consumer Protection Law" (otherwise known or referred to as the "Puppy Lemon Law")? ☐ No ☐ Yes

b. Been required to cease and desist from operating a kennel or owning, selling or caring for dogs or both? ☐ No ☐ Yes

c. Entered into an agreement with the Pennsylvania Office of Attorney General which requires or required you to cease and desist from operating a kennel or owning, selling or caring for dogs, or both? ☐ No ☐ Yes

If you answered "Yes" to any of the above, for each such instance provide the date legal action or agreement was filed or consented to, the court in which the proceedings were initiated, the court's docket number, the prosecuting authority bringing the charge, citation or with whom the agreement was reached:_____

_____

_____

5. Have you ever been found to have violated the Act of December 15, 1986 (P.L. 1610, No. 181), known as the "Rabies Prevention and Control in Domestic Animals and Wildlife Act"? (3 P.S. § 455.8) ☐ No ☐ Yes

6. Have you had a PA kennel license, dealer license or out-of-state dealer license refused or revoked within the past ten years? ☐ No ☐ Yes

If you answered "Yes," set forth the Type of License and the year revoked or refused.

_____



*If you need more space, please attach additional sheets*

## III. PART 3: *Kennel Type and Class*

**Please consult the Instruction Sheet for information on kennel types and classes.**

**1.** Please indicate the appropriate Kennel Type and Class for which you are applying:

a. DEALER KENNEL CLASS – Must check a type below (rescue network, research, kennel)

| | |
|---|---|
| ☐ $75 – DK I: 50 dogs of any age or less per year | ☐ $400 – DK IV: 151 to 250 dogs of any age per year |
| ☐ $200 – DK II: 51 to 100 dogs of any age per year | ☐ $500 – DK V: 251to 500 dogs of any age per year |
| ☐ $300 – DK III: 101 to 150 dogs of any age per year | ☐ $750 – DK VI: over 500 dogs of any age per year |
| **Type**: ☐Rescue Network Kennel ☐ Research Kennel ☐ Kennel | |

b. NON-PROFIT CLASS – Must check a type below (humane society, SPCA, rescue network, research, or other)

| |
|---|
| ☐ $25 – NP |
| **Type**: ☐ Humane Society ☐ SPCA ☐ Rescue Network Kennel<br><br>☐ Research Kennel ☐ Other_____ |

2. Total number of shipped dogs.
   a. Total number of dogs shipped to Pennsylvania in 2019_____
   b. Total number of dogs shipped from Pennsylvania in 2019_____
   c. Method of transportation used (Make, Model, Current license number):
   _____
   _____

3. If your business entity is a nonprofit, please provide proof of your nonprofit status along with this application.

4. **As an attachment to this application for a PA Out-of-State Dealers license, please provide a copy of your 2019 records showing all transactions involving dogs which have taken place between the person/organization shown on this application as applying for a 2020 Out-of-State Dealers License and individuals or kennels within PA, licensed or unlicensed, during the 2019 calendar year**. Such records shall include the name and address of the PA individual(s) or kennel(s) with which you have conducted business, and the number of dogs you have taken to or acquired from the individual(s) or kennel(s).



*If you need more space, please attach additional sheets*

# Applicant Verification, Certification and Acknowledgment

## (All Applicants Previously Listed Must Sign Below)

The applicant(s) verifies to the Commonwealth of Pennsylvania, Department of Agriculture, Bureau of Dog Law Enforcement, that:

1. The information contained herein and in all attachments and supporting material is true and correct, the filing of the Kennel License Application has been duly authorized by the applicant(s), and the Board of Directors thereof if a corporation, and the undersigned(s) has/have authority to execute this Kennel License Application on behalf of the applicant(s). The applicant(s) affirm(s) the information set forth in this Kennel License application form is true and correct to the best of his/her knowledge, information and belief and makes these statements subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.
2. All information provided herein and in all attachments and supporting documents are material to this Kennel License Application and the licensing decision of the Commonwealth of Pennsylvania, Department of Agriculture, of Bureau of Dog Law Enforcement. By executing this application, applicant(s) acknowledge and agree that all misrepresentations are and will be considered material misrepresentations and misstatements under the provisions of the Dog Law, at 3 P.S. § 211(a)(1).

**Signature instructions: Please sign below in the space provided applicable to your status as an applicant. All persons with an ownership interest in the kennel are applicants and must sign. If applicant is one of several persons with an ownership interest in the kennel, look for the listing below for the type of entity in which applicant possesses an ownership interest and sign there.**

1. Check one of the following indicating the structure of the organization for which the license is requested:

☐ Corporation ☐ Partnership ☐ LLC ☐ Municipal
☐ S Corporation ☐ Individual/Sole Proprietor ☐ Other – Explain

### Individual / Sole Proprietor:

Signature

Legibly Print Name

Date

### Partnership:

Signature – General Partner

Legibly Print Name

Date

Signature – General Partner

Legibly Print Name

Date

### Corporation / S Corporation:

Name of Corporation

Signature of President / VP (*circle which*) Date

Legibly Print Name

Signature of Secretary / Treasurer *(circle which)* Date

Legibly Print Name

### Municipal:

Name of Municipality

Signature of Municipal Manager Date

Legibly Print Name

Signature of Animal Control Officer Date

Legibly Print Name

### Limited Liability Company (LLC):

Name of Corporation

Signature – Member Date

Legibly Print Name

Signature – Member Date

Legibly Print Name

Signature – Member Date

Legibly Print Name

Signature – Member Date

Legibly Print Name