

# KOOTENAI COUNTY KENNEL LICENSE APPLICATION

**New**       **Renewal**

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

Address: \_\_\_\_\_

Telephone \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Physical Location of Kennel: \_\_\_\_\_

Number of animals to be housed: \_\_\_\_\_

Types and Breeds of animals to be kept: \_\_\_\_\_

\_\_\_\_\_

*Please Check one:*       **Commercial Kennel**       **Private Kennel**

Description of Facilities: \_\_\_\_\_

\_\_\_\_\_

- A. Building/Structure: \_\_\_\_\_
- B. Flooring Inside: \_\_\_\_\_
- C. Flooring Outside: \_\_\_\_\_
- D. Ventilation: \_\_\_\_\_
- E. Waste Disposal: \_\_\_\_\_
- F. Noise Control: \_\_\_\_\_
- G. Feed & Watering Devices: \_\_\_\_\_
- H. Sanitation Control: \_\_\_\_\_
- I. Animal Bedding: \_\_\_\_\_
- J. Runs or Exercise Pens: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**Animal Control Division Certification**

To be completed by Animal Control Officer at inspection

Inspected by Officer: \_\_\_\_\_

Serial No.: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommend Approval

Do Not Recommend Approval

**Building and Planning Department Certification**

Conditional Use Permit:     Required             Not Required

Permit No.: \_\_\_\_\_

Zoning Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Planning & Zoning Signature

**Kootenai County Board of Commissioners**

Approved

Disapproved

\_\_\_\_\_  
W. Todd Tondee, Chairman

Date \_\_\_\_\_

ATTEST:  
CLIFFORD T. HAYES, CLERK

By: \_\_\_\_\_  
Deputy Clerk