

# 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

**Community Development Certification**

Conditional Use Permit:     Required             Not Required

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

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

Planning & Zoning Signature

**Kootenai County Board of Commissioners**

Approved

Disapproved

\_\_\_\_\_  
Marc Eberlein, Chairman

Date \_\_\_\_\_

ATTEST:  
JIM BRANNON, CLERK

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