



KOOTENAI COUNTY

BOARD OF COMMISSIONERS



KOOTENAI COUNTY KENNEL LICENSE APPLICATION

Please Check one:

New Application

Renewal

Name: _____

Mailing Address: _____

Business Name: _____

Business Address: _____

Home Phone: _____ Business Phone: _____

Physical Location of Kennel: _____

Number of Animals to be Housed: _____

Types & 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

Date

Animal Control Division Certification

To be completed by Animal Control Officer at inspection

Inspected by Officer: _____ Date: _____

Kennel Name: _____ CUP#: _____

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

Denied

Bruce Mattare, Chairman

Date

ATTEST:

Jennifer Locke, CLERK

By: _____

Deputy Clerk