STATE OF MAINE DEPARTMENT OF AGRICULTURE ANIMAL WELFARE PROGRAM

IMPORTATION OF DOGS AND CATS FOR RESALE OR ADOPTION LICENSE APPLICATION

	enter the following info Business Name:	
	Owner:	
	Physical Address:	
	City, State:	, Zip Code:
	Telephone: Email:	Fax:
Mailinç	g Address if different th Business Name: Owner:	an physical address: Same as Above
	Mailing Address:	
	City, State:	
	indeerstand these rules	Certification of Compliance copy of Chapter 216 Rules on Importation of Dogs and Cats and and i will comply with the standards established by the Maine onservation & Forestry - Animal Welfare Program.
	3 ,	
Depart I also d numbe	certify that I will subnit er, type, and destination	a quarterly statement or copies of all invoices concerning the not dogs and cats purchssed or accepted for resale or adoption in
Depart	certify that I will subnit er, type, and destination	

Phone: (207) 287-3846 Fax:(207) 624-5028 For Office Use Only
Date Processed_____
Permit Number_____