



PET SHOP APPLICATION

A criminal background check is required by law. Please include **\$25.00 (per owner)** in addition to the **\$150.00 (license fee)**. Please make checks payable to Treasurer, State of Maine.

Facility Name: _____ Sales Tax ID #: _____

Mailing Address: _____

Physical Location/directions: _____

Facility Phone: _____ Alternate Phone: _____ Opening Date: _____

Email: _____

Hours of Operation (*Required for inspection purposes): _____

*Owner Name: _____

First

MI

Last

Maiden Name

Nickname

Date of Birth: _____ Drivers License #: _____

*Co-Owner Name: _____

First

MI

Last

Maiden Name

Nickname

Date of Birth: _____ Drivers License #: _____

*Director/Manager: _____

First

MI

Last

Maiden Name

Nickname

Date of Birth: _____ Drivers License #: _____

*7 § 4153. Sale Prohibited

Any Pet Shop licensed after May 1, 2019 is prohibited from selling dogs and cats.

*7 § 3935. License Prohibited

The department may not issue a license to maintain a boarding kennel, a breeding kennel or pet shop to a person who, within the 10 years previous to the application for the license, has been convicted of murder, a Class A or B offense, a violation under a Title 17-A, chapter 9, 11, 12 or 13 or a criminal violation under Title 17, chapter 42 or under a criminal law involving cruelty to animal that is no longer in effect or within 10 years previous to the application for the license, has been adjudicated of a civil violation for cruelty to animals under chapter 739 or has been convicted or adjudicated in any other state provincial or federal court of a violation similar to those specified in this section.

Species of animals that your facility will sell (Check all that apply)

Dog (prohibited)
Cat (prohibited)

Reptiles
 Small Mammals

Birds
 Other Species: _____

List the estimated number of cages in your facility: _____

List the estimated number of tanks in your facility: _____

Quarantine Area for New Arrivals

Please describe your plan for the isolation of any new arrivals: _____

What Veterinarian will your business use? _____

Please list any suppliers from which you purchase your stock. If more space is required please attach on separate sheet.

Supplier Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read and understand the laws and rules in Chapter 701: RULES GOVERNING ANIMAL WELFARE and I understand that any violations of these rules or animal welfare laws will result in suspension of any licensing or permits issued by the Animal Welfare program or denial of future license renewals.

I have read and understand the laws and rules in Chapter 745: RULES GOVERNING THE SALE OF DOGS AND CATS and I understand that any violations of these rules or animal welfare laws will result in suspension of any licensing or permits issued by the Animal Welfare program or denial of future license renewals.

I certify the information given herein to be true and complete to the best of my knowledge.

Name (Signature)

Name (Printed)

Date