



# Illinois Department of Agriculture

Pat Quinn, Governor  
James Larkin, Acting Director

## Bureau of Animal Health and Welfare

P.O. Box 19281 • Springfield, IL 62794-9281 • 217/782-6657 • TDD 217/524-6858 • Fax 217/558-6033

Dear Prospective Licensee:

Enclosed is an application for licensure necessary to comply with the Animal Welfare Act for the State of Illinois. We have also enclosed a copy of the Act for your examination and information. Prior to completing the application, please be aware of the various sectors of the pet merchandising and handling interests that require such licensing and mark the one type of license which best describes your business.

Please complete the application in detail and return with the required fee of \$25.00 to this office. **Please be advised that your facility must be in compliance for licensure within 60 days of receipt of your application in this office to avoid forfeiture of your \$25.00 fee and the requirement to resubmit another application with an additional \$25.00 fee.** Upon receipt, Department personnel will be calling on you to make a preliminary inspection and answer any questions you might have regarding the Act and its requirements as a prerequisite to final processing and issuance of your license. The license will expire on June 30 of each year.

We appreciate your cooperation with the Department during the licensing process. Please do not hesitate to contact this office if you have further questions or concerns or if we may be of service to you and your business.

Sincerely,

A handwritten signature in cursive script that reads "Mark J. Ernst, D.V.M.".

Mark J. Ernst, DVM  
State Veterinarian  
Bureau of Animal Health & Welfare

MJE:cd  
Enc.

ILLINOIS DEPARTMENT OF AGRICULTURE  
Bureau of Animal Welfare

Form AW-1

(Circle only one category)

APPLICATION FOR ILLINOIS LICENSE TO  
OPERATE AS:

	<u>Code</u>
Pet Shop Operator	1
Cattery Operator	2
Dog Dealer	3
Kennel Operator	4
Animal Control Facility	5
Animal Shelter	6
Guard Dog Service	7

<u>BUREAU USE ONLY</u>	
Approved by:	_____
Date Licensed Issued:	_____
License No.	_____ Code _____
County No.	_____

No person shall engage in business as a pet shop operator, dog dealer, kennel operator, cattery operator, or operate a guard dog service, an animal control facility or animal shelter, or any combination thereof, in this State without a license therefore issued by the Department. Only one license shall be required for any combination of businesses at one location, except that a separate license shall be required to operate a guard dog service.

I hereby apply for a license to operate as one, or a combination of the above designated businesses in accordance with "An Act to provide for animal welfare by licensing and regulating dealers in animals, and to provide penalties for the violation thereof," Approved August 13, 1965. Amended by Acts effective August 17, 1967, July 23, 1971, August 27, 1971, January 1, 1973, October 1, 1973, and October 1, 1975.

(Please Print)

- Name of Operation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Zip Code \_\_\_\_\_ County \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_
- Ownership: (underline one)                      Corporation                      Partnership                      Individual
- List below owner(s) name and present residence. If a partnership, name and present residence of each partner. If a corporation, name and address of each director and officer and/or other person authorized to represent or act for the above designated ownership. If a municipality or humane society, name and address of person(s) in charge of operation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Are all persons listed under "3" above citizens of the United States of America? \_\_\_\_\_  
(If not, state citizenship) \_\_\_\_\_
- Business name and address of all branch locations, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Previous business connections or experience relating to any of the aforementioned license categories: \_\_\_\_\_  
\_\_\_\_\_
- Bank reference: \_\_\_\_\_

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Illinois Compiled Statutes, Ch. 225, Par 605/1 through 605/22. Failure to provide this information shall prevent this form from being processed This form has been approved by the State Forms Management Center IL406-0413 (10-95)

8. Name and address of two (2) professional or business references:
1. \_\_\_\_\_
  2. \_\_\_\_\_
9. Has any license of the applicant(s) under this Act or any federal, state, county, or local law, ordinance or regulation, relating to dealing in, or handling of dogs, cats, birds, fish, reptiles, or other animals customarily obtained as pets in this State, ever been suspended or revoked? \_\_\_\_\_
- (If so, please explain): \_\_\_\_\_
10. Has applicant ever been convicted of a felony? \_\_\_\_\_
11. If a foreign corporation, partnership, or individual, are you authorized by the Secretary of State to do business in the State of Illinois? \_\_\_\_\_
12. Hours and days per week animals are offered for sale, exchange, or adoption: \_\_\_\_\_
13. Does applicant, in addition to dogs, cats, birds, fish, or reptiles, offer any other animals for sale, trade or adoption? \_\_\_\_\_
- (If answer is "yes", please name) \_\_\_\_\_

**BUILDINGS AND PREMISES**

14. Describe buildings and premises where applicant intends to conduct operation(dimensions, type of flooring, roofing, and size of different rooms):
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
15. Number of cages, pens, and/or aquariums on the premises:
- \_\_\_\_\_
16. Average number of dogs, cats, birds, fish, or reptiles on hand:
- \_\_\_\_\_
17. Describe storage and disposal of waste materials and dead animals (schedule of pick-up service and by whom): \_\_\_\_\_
- \_\_\_\_\_
18. What control measures are taken to prevent infestation of animals and premises with external parasites and vermin? \_\_\_\_\_
- \_\_\_\_\_
19. What precautions are taken for the isolation of diseased animals to avoid exposure to healthy and salable animals? \_\_\_\_\_
- \_\_\_\_\_
20. How often are cages, runs, and tanks cleaned and disinfected when in current use? \_\_\_\_\_
- \_\_\_\_\_
21. Describe heating and ventilation system in kennel area: \_\_\_\_\_

**GENERAL CARE OF ANIMALS**

22. Specify days attendant is on duty to care for animals: \_\_\_\_\_
- \_\_\_\_\_
23. Specify hours attendant is on duty: \_\_\_\_\_

**ANIMALS IN TRANSIT**

24. Method of handling animals in transit in relation to feeding, watering, freedom of movement, type of conveyance, heat and ventilation, disinfecting, and sanitary measures. (describe in detail) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH OF ANIMALS AT TIME OF RELEASE**

25. What precautions are taken to assure that each animal for sale or release is healthy and free from any infection or disease? (explain)  
\_\_\_\_\_
26. When are the services of a veterinarian used? \_\_\_\_\_  
\_\_\_\_\_
27. Name and address of your veterinarian or veterinarians: \_\_\_\_\_  
\_\_\_\_\_
28. If animals are accompanied by guarantee, explain provisions of guarantee: \_\_\_\_\_  
\_\_\_\_\_
29. What procedure is used to satisfy complaints? \_\_\_\_\_  
\_\_\_\_\_

**RECORDS**

30. Is a record of all purchases with description of animals maintained for a minimum of twelve (12) months? YES \_\_\_\_\_ NO \_\_\_\_\_
31. Are all out-at-state animals accompanied by an official health certificate? YES \_\_\_\_\_ NO \_\_\_\_\_
32. Is a record of each retail sale maintained by the applicant for a period of twelve (12) months after date of sale or transfer of animals?  
YES \_\_\_\_\_ NO \_\_\_\_\_
33. Does the sale invoice given to the customer identify the animal, and show immunizations and medications administered?  
YES \_\_\_\_\_ NO \_\_\_\_\_
34. Applicant irrevocably consents that actions against him for alleged violations of this Act may be filed in any appropriate court of any county or municipality of Illinois in which the plaintiff resides or in which some part of the transaction occurred out of which the alleged cause of action arose, and that process in any action may be served on the applicant by leaving 2 copies thereof with the Director of Agriculture of the State of Illinois, who shall forthwith send one copy by registered mail to the applicant at the address shown on this application. Applicant stipulates and agrees that such service of process shall be taken and held to be valid and binding for all purposes relating to such alleged violations.

By virtue of signing this application, the applicant grants permission to authorized employees of the Department of Agriculture to inspect the licensed premises during reasonable business hours or at other times deemed necessary by the Department to enforce the laws of the State of Illinois.

SIGNED \_\_\_\_\_

\_\_\_\_\_  
Applicant(s)

**Animal Welfare License Application**  
**Required Information**

Pursuant to the Illinois Administrative Procedures Act, 5 ILCS 100/10-65, and the federal Child Support Act 42 U.S.C.A. 666, an applicant's social security number is required to be recorded on an application or a renewal application for a license. A license is defined in the law as any "permit" certificate, approval, registration, charter, or similar form of permission". However, if the applicant is a business entity that utilizes a Federal Employer Identification Number, then no social security number is required on the application to comply with the child support laws.

Moreover, Section 10-65(c) of the Administrative Procedures Act requires the following: "Each agency shall require the licensee to certify on the application form, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Every application shall state that failure to so certify shall result in disciplinary action, and that making a false statement may subject the licensee to contempt of court." However, if the applicant is a business entity that utilizes a Federal Employer Identification Number, then such entity is not required to make the certifications.

**In order for the Animal Welfare license application to be processed, the following information must be provided:**

Name \_\_\_\_\_

Are you more than 30 days delinquent in complying with a child support order? Yes No  
(NOTE: if you are not subject to a child support order, answer "no".)

FEIN or Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_

**Applications will not be processed without this information. Please return this form with your completed application.**