

**IL Department of Agriculture
Permitted Foster Homes**

ILLINOIS DEPARTMENT OF AGRICULTURE
Bureau of Animal Health & Welfare
P.O. Box 19281
Springfield, IL 62794-9281

Date: _____

Name of Animal Shelter or Animal Control Facility _____

City, State, Zip _____

County: _____ Email: _____

Licensee # _____

#	Name	Address	City	Zip	County	Telephone
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total # of Permits Requested _____ Fee Total (# of Permits x \$25) _____

Signature of Sponsoring Animal Shelter or Animal Control Facility _____

Make checks payable to: IL Department of Agriculture P.O. Box 19281 Springfield, IL 62794-9281

For Office Use	
Code:	<u>184</u> _____
Date Issued:	_____
Issued By:	_____