

APPLICATION FOR ILLINOIS HORSE RESCUE LICENSE

**Illinois Department of Agriculture
Bureau of Animal Health and Welfare
801 Sangamon Avenue - PO Box 19281
Springfield, Illinois 62794
Phone: 217/782-6657
Fax: 217/558-6033**

<u>BUREAU USE ONLY</u>
Approved by: _____
Date License Issued: _____
License No. _____
Revenue Code: <u>88</u>

(Please Print)

Name of Facility _____

Address _____ City _____

Zip Code _____ County _____ Business Phone _____

E-mail Address, if applicable _____ Fax Number _____

Current Premise Identification _____

(If you do not have a Premise ID, the application can be downloaded from www.agr.state.il.us/PremiseID. There is **no** fee to register your facility.)

Ownership: (Circle one) Corporation Partnership Individual

List below owner(s) name and present address. If a partnership, list name and address of each partner. If a corporation, list 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, list name and address of person(s) in charge of operation.

Are all persons listed under "3" above citizens of the United State of America? Yes No

(If no, state citizenship _____)

Business name and address of all branch location, if any: _____

Previous business connections or experience relating to other animal shelters or animal control facilities: _____

Name and address of two (2) professional or business references:

1. _____

2. _____

Has any license of the applicant(s) under this Act or any federal, state, county, or local law, ordinance, or regulation, relating to dealing or handling of dogs, cats, birds, fish, reptiles, or other animals customarily obtained as pets in this State, ever been suspended or revoked? Yes No If yes, please explain: _____

Has applicant ever been convicted of a felony? Yes No

If a foreign corporation, partnership, or individual, are you authorized by the Secretary of State to do business in the State of Illinois?
Yes No

Business Hours: _____

Specify days and hours attendant is on duty to care for animals: _____

Horses

Number at facility: _____ Maximum capacity: _____

Preventative Care and Basic Health Management Check all that apply. (A copy of written program or protocol shall be provided to inspector at the time of initial inspection)

___ Parasite Control Program _____

___ Vaccination Program _____

___ Dental Care _____

___ Emergency First Aid Kit _____

___ Health Records System _____

___ Injury Protocol _____

Water (Check all that apply)

Indoor water supply: Buckets: _____ Automatic Waterers: _____ Availability: _____

Outdoor water supply: Tanks: _____ Automatic Waterers: _____ Naturally Occurring: _____

Hand washing facilities available? Yes No

Pastures and Paddocks (Check all that apply and explain)

___ Available for Turnout _____

___ Access to Feed and Water _____

___ Division of Horses _____

Fencing

___ Type _____

Facility (Check all that apply and explain)

___ Barns: _____

___ Number and size of Stalls _____

___ Isolation/Quarantine Area _____

___ Run-in Sheds _____

Horse Transportation

Please describe modes of transportation for horses available at this facility (van, truck trailer, etc.):

Environment Check all that apply. (A copy of written program or protocol shall be provided to inspector at the time of initial inspection.)

___ Safety program _____

___ Sanitation program _____

___ Bedding program _____

___ Manure removal program _____

___ Fly control program _____

Veterinarian

Name of current Veterinarian _____

Address _____

Telephone _____ Fax _____

Farrier

Name of current Farrier _____

Address _____

Telephone _____ Fax _____

Regular visits (list frequency) _____

Health of Animals at Time of Release

What precautions are taken to assure that each animal for sale or release is healthy and free from any infection or disease?

If animals are accompanied by guarantee, explain provisions of guarantee: _____

What procedure is used to satisfy complaints? _____

Records

Is a record of all animals maintained for a minimum of twelve (12) months, including the date received, the source, and the eventual disposition? Yes No

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 two 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 inspection 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.

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.

FEIN or Social Security Number: _____

I certify that the above information is correct.

Signature

Date

PLEASE DO NOT SEND CASH: Application must be accompanied by a fee of \$25 for each license; the fee for each branch license is \$25.00. Check or money order must be made payable to the Illinois Department of Agriculture, PO Box 19281, Springfield, Illinois 62794-9281.

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. 606/1 through 605/22. Failure to provide this information shall prevent this form from being processed.