



**BALTIMORE CITY HEALTH DEPARTMENT
OFFICE OF ANIMAL CONTROL**
2490 Giles Road
Baltimore, Maryland 21225
410-396-4698



COMMERCIAL FACILITY LICENSE APPLICATION
BALTIMORE CITY HEALTH CODE, TITLE 10, PART II

Name of Applicant:		Date:
Home Address of Applicant:		
Telephone:	Cell:	E-mail:
Trade Name of Facility:		
Address of Facility (if different than above):		
Block:	Lot:	Property Owner:
Mailing Address of Facility (if different than above):		
Type of Facility:		Type of Animal(s):
Current Number of Animals:		Planned Number of Animals:
<p>PLEASE ATTACH TO THIS APPLICATION:</p> <ul style="list-style-type: none"> • An affidavit certifying that the applicant, owner, operator, agent and/or employee of the applicant has never been convicted of animal abuse, cruelty or neglect; • If a lessee, a copy of the lease agreement; • Use & Occupancy Certificate from the Department of Housing • A check or money order made payable to <i>Director of Finance</i> in the amount of \$250.00. You may also choose to apply in person using cash, check or money order. 		
<p>THE HOLDER OF THE PERMIT SHALL COMPLY WITH THE APPROPRIATE PROVISIONS OF THE BALTIMORE CITY CODE AND THE ANNOTATED CODE OF MARYLAND AND OTHER APPLICABLE FEDERAL, STATE AND LOCAL LAWS, RULES AND REGULATIONS. THE PERMIT IS NON-TRANSFERABLE TO OTHER PERSONS OR LOCATIONS.</p>		
<p>BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE COMPLIED WITH ALL OF THE REQUIREMENTS OF THE BALTIMORE CITY HEALTH CODE AND BALTIMORE CITY HEALTH DEPARTMENT REGULATIONS AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ITS ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.</p>		
SIGNATURE OF APPLICANT:		

ANIMAL CONTROL USE ONLY			
PERMIT/LICENSE NO.	TYPE OF ACTIVITY/OWNERSHIP		LIMITATIONS
ZONED	USE & OCCUPANCY		
PERMIT FEE	DATE OF ISSUANCE	DATE OF EXPIRATION	
\$250.00			
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	<i>IF DISAPPROVED, STATE REASON:</i>		APPROVING OFFICIAL: DATE: