



City of Lawrence

Kennel License Application

APPLICANT INFORMATION				
Last Name:		First Name:		Middle Name:
Home Address	Street:		City:	State: Zip:
Business Address	Street:		City:	State: Zip:
Home Phone:		Alternate/Business Phone:	E-Mail Address:	

PLEASE INCLUDE: \$20.00 per dog over four months of age & \$1.00 per dog in excess of 10 dogs
 Site plan drawing

 APPLICANT'S NAME (Printed)

 APPLICANT'S SIGNATURE

 TODAY'S DATE

KENNEL LICENSE APPLICATION APPROVAL (For Office Use Only)	
I hereby <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove this Application.	_____ Planning & Development Services
I hereby <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove this Application.	_____ City Clerk
	_____ Date