



# Howard County Animal Control Division Private Animal Shelter License Application



Date: \_\_\_\_\_

Application Type:  New  Renewal \_\_\_\_\_

Facility/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Description of buildings in which animals will be housed:

Average Number of Animals Housed at Facility: \_\_\_\_\_

Type/Breed of Animals (be specific):

Cats: \_\_\_\_\_

Dogs: \_\_\_\_\_

Other \_\_\_\_\_

Does the organization operate as  No  
a non-profit?  Yes Tax ID number: \_\_\_\_\_

List the names, addresses, and phone numbers of all responsible parties to include members of the Board of Directors, Officers, the Executive Director, Owner, Managers, etc.:

| Name | Physical Address | Phone Numbers |
|------|------------------|---------------|
|      |                  |               |
|      |                  |               |
|      |                  |               |
|      |                  |               |

By signing below you are swearing that neither a member of the Board of Directors, Officer, Executive Director, Owner, or Manager has ever been convicted of a felony or misdemeanor involving animal cruelty or neglect either within or outside of Howard County, Maryland, and that the organization will comply with all federal, state, and county laws and the Standards of Care to receive and maintain their license to operate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

| OFFICE USE ONLY |  |                      |  |                    |  |
|-----------------|--|----------------------|--|--------------------|--|
| Date Received   |  | Payment Receipt Date |  | Receipt Number     |  |
| Inspection Date |  | Approval Date        |  | License Issue Date |  |