

**APPLICATION FOR  
ANIMAL ESTABLISHMENT LICENSE  
CITY OF PLATTEVILLE, WISCONSIN**



**APPLICANT INFORMATION**

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ DL# \_\_\_\_\_

**ESTABLISHMENT INFORMATION**

Establishment Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

**TYPE OF ESTABLISHMENT (check one)**

- Private Kennel** – The keeping, breeding, raising, showing, or training of more than four (4) but less than nine (9) dogs over five (5) months of age, which are owned by the property owner or occupant and are kept for the personal enjoyment of the owner or occupant of the property. Proposed capacity of kennel \_\_\_\_\_. Requires \$35.00 license fee and \$7.00 background fee.
- Business Kennel** – An establishment in which more than four (4) dogs, cats or other animals are housed, bred, boarded, trained, or sold, all for a fee or compensation. Business kennels shall not include veterinary clinics or animal hospitals. Proposed capacity of kennel \_\_\_\_\_. Requires \$35.00 license fee and \$7.00 background fee.
- Animal Grooming** – Any property or establishment on which dogs, cats, or domesticated animals are groomed, bathed, brushed and/or clipped for a fee or compensation. Requires \$35.00 license fee and \$7.00 background fee.

All Animal Establishments are subject to the requirements of Platteville Municipal Code, Chapter 6, Section 6.11, and subject to payment of the applicable fees. Prior to the issuance of a license, the property on which the establishment will be located shall be inspected by the City Building Inspector (348-9741 x 2236), the Grant County Health Officer (723-6416), and a Licensed Veterinarian approved by the City. Any problems noted during said inspections shall be corrected prior to annual license approval or renewal. The establishment location shall also comply with Chapter 22 – Zoning.

**REQUIRED INSPECTIONS**

**Building Inspector** \_\_\_\_\_ Inspection Date \_\_\_\_\_  Approved  Denied

Reason(s) for denial \_\_\_\_\_

**County Health Officer** \_\_\_\_\_ Inspection Date \_\_\_\_\_  Approved  Denied

Reason(s) for denial \_\_\_\_\_

**Veterinarian** \_\_\_\_\_ Inspection Date \_\_\_\_\_  Approved  Denied

Reason(s) for denial \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**CITY USE ONLY**

Date Application Filed \_\_\_\_\_ Date Fee Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_

Date License Issued \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Copies to: Applicant, Building Inspector, County Health Officer, Veterinarian, Police, Finance Director.