

**APPLICATION
For
COMMERCIAL ANIMAL PERMIT**

Type of Establishment: (please check all that apply)

<input type="checkbox"/> Pet Shop	<input type="checkbox"/> Grooming Shop	<input type="checkbox"/> Animal Auction
<input type="checkbox"/> Riding School	<input type="checkbox"/> Stable	<input type="checkbox"/> Zoological Park
<input type="checkbox"/> Kennel	<input type="checkbox"/> Circus	<input type="checkbox"/> Performing Animal Exhibition

Name of Establishment:	Phone Number of Establishment:
Address of Establishment:	
Owner(s) of Establishment:	
Owner(s) or Billing Address of Establishment:	
By signing, I/We agree to comply with all operation regulations for a commercial animal permit that are enforced by the Central District Health Department.	
Owner/Manager Signature:	Date:

Commercial Animal Permit fee is \$100.00
Expires on July 31 annually

Make checks payable to: **Central District Health Department**
1137 South Locust Street
Grand Island, NE 68801

Inspector Use Only: ☐ **Approved** ☐ **Disapproved**

Date: _____ Inspector signature: _____

Comments: _____

Office Use Only

Date Rec'd: _____ Rec'd by: _____ Amount: _____ Check Credit Card Cash