



**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 \$98.00
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