

CITY OF OSHKOSH

**APPLICATION FOR PERMIT
FOR A COMMERCIAL ANIMAL ESTABLISHMENT**

Date _____

Name of Applicant _____ Date of Birth _____

Home Address _____

Home Telephone () _____ Business/Cellular () _____

a) Breed of Animals _____ b) Color of Animals _____

c) Animals Neutered, Spayed or Intact _____

d) Number of Animals _____

e) Such Other Information as May Identify the Dogs/Cats _____

f) Such Other Information as the Animal Control Commission May Require _____

I hereby certify to the information contained in this application is true and understand the law for the willful making of any untrue statement. I consent to an inspection of my premises or my permit will result in denial. I have been provided a copy of Oshkosh Dog and Cat Ordinance.

Applicant's Signature _____ Date _____

Council Action

___ Approved ___ Disapproved Date _____

Permit Number _____

Expiration Date _____
