



Phone: (302) 255-4639 Fax: (302) 255-4621 Email: DelawareAnimalServices@delaware.gov Web: AnimalServices.Delaware.gov

## **APPLICATION FOR RETAIL DOG OUTLET LICENSE**

| Type of Application: N        | ew       | Renewal             |            |       |
|-------------------------------|----------|---------------------|------------|-------|
| Applicants Information:       |          |                     |            |       |
| Name of Retail Dog Outlet:    |          |                     |            | Date: |
| EIN#:                         |          |                     |            |       |
| Address:                      |          |                     |            |       |
| City:                         |          | County:             |            | Zip:  |
| Phone:                        | Website: |                     | Email:     |       |
| Owner/Manager Name:           |          |                     |            |       |
| Number of dogs sold annually: |          |                     |            |       |
| Breed(s) of dogs:             |          | Are primary enclosu | ires: Indo | or    |
|                               |          |                     | Outd       | oor   |
|                               |          |                     | Both       |       |

## **Instructions:**

Fill out the application entirely and mail it along your payment of \$200 to the address below. Checks or money orders should be made payable to <a href="State of Delaware">State of Delaware</a>.

Delaware Office of Animal Welfare H166 Carvel Building, Lower Level 1901 N. Dupont Highway New Castle, DE 19720