Parish of Jefferson
Animal Shelter Department

**APPLICATION
FOR PERMIT
FORM #**

TOWN OR PARISH	DATE

Application is hereby made for a permit to operate. By this application it is agreed that the establishment will comply with the provisions of J.P. Ordinance 12146 applicable to this type of establishment. It is further agreed that said establishment shall be open to inspection by any authorized employee of the JPAS.

Please print legibly, listing last names first.

NAME OF BUSINESS OR FIRM	CITY OR TOWN	PARISH
STREET AND NUMBER	BUS. PHONE	

NAME OF OWNER, IF JOINT OWNERSHIP, LIST ALL PARTNERS BELOW

STREET ADDRESS:	CITY OR TOWN:	HOME PHONE:

PARTNERS: NAME _____

  STREET ADDRESS _____ **HOME PHONE**_____

  CITY _____

LIST ALL ADDITIONAL PARTNERS ON BACK WITH PERTINENT INFORMATION

IF INCORPORATED, STATE THE NAME OF THE CORPORATION _____

MAILING ADDRESS	BUS. PHONE

MANAGER OF ESTABLISHMENT'S NAME

HOME ADDRESS	HOME PHONE

Have you ever been convicted of any act of animal cruelty?_____

If so, when and where _____

Any misstatement or suppression of facts in this application shall be grounds for refusal of permit or revocation thereof, if already issued.

Check each and all establishments operated in any phase of your business:

PET SHOP	☐	GUARD DOG SERVICE 0 – 49 DOGS	☐
DEALER IN ANIMALS	☐	GUARD DOG SERVICE 49 DOGS OR MORE	☐
COMMERCIAL BREEDER	☐	COMMERCIAL OR LIVERY STABLE 0 – 49 ANIMALS	☐
PUBLIC AUCTION	☐	COMMERCIAL OR LIVERY STABLE 49 OR MORE ANIMALS	☐
KENNEL HOUSING BETWEEN 0 – 49 ANIMALS	☐	GROOMING SHOP	☐
KENNEL HOUSING 49 ANIMALS OR MORE	☐	PERMANENT ZOO	☐
REGISTRATION AS STABLE MANAGER	☐	TRANSFER FEE	☐
RENEWAL OF STABLE MANAGER	☐	TRANSIENT ZOO	☐
INFANT ANIMAL	☐	EXOTIC ANIMAL	☐

Fees shall be assessed on an animal basis and anyone who files in multiple categories will be required to register in all categories, but charged only one fee, that is, the highest for any category involved.

_____

Signature of Applicant

Below to be filled out by J.P.A.S. Department

Application reviewed by: _____

Signature of Applicant

_____

Position

Date of Inspection _____

Temporary permit granted _____ **#** _____

Date

Permit granted on _____ **#** _____

Date

Permit denied on _____

Date

Comments: