



Application for Dog Retailer Permit

New Applicant Renewal

Name of Applicant to be licensed: _____
 Doing business as: _____
 SSN: (Last 4 only) _____ Date of Birth of Applicant: _____
 Type of Organization: Individual Partnership LLC Corporation Other (specify) _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____
 Holding Facility Address: _____ City: _____ State: _____ Zip: _____ County: _____
 (if different than mailing address where animal will be held)
 Telephone No.: _____ Fax No.: _____ Cell Phone No. _____ Email: _____
 TIN/Vendor Number (Organizations only): _____
 State of Incorporation and Date of Incorporation if Entity (Organizations only): _____ / _____

Has any applicant on this application ever been convicted of a felony, or any crime related to cruelty to animals or prohibitions concerning companion animals?

Yes No *Include signed background check disclosure and release*

If this is a renewal of the dog retailer license, is applicant currently in compliance with payment of required sales tax established in the Ohio Revised Code 5739?

Yes No

The foregoing statements concerning the purchase and resale of adult dogs and puppies of applicant are, to the best of my knowledge and belief of the applicant, true and correct I (we) agree to keep records for the duration of the permit and any renewals thereof, and for one year after expiration of the permit and any renewals, of (i) proof of where the adult dogs and/or puppies were purchased or produced (ii) proof to whom the adult dogs or puppies were disposed, including provision to the purchaser of the proof of disclosure of where the dogs or puppies were obtained; and (iii) copies of all documentation submitted to the Ohio Department of Agriculture and advertisements used by the applicant to sell or advertise dogs or puppies for sale. If applicable, as an out-of-state breeder I(we) also agree to keep records for a period of forty-eight months or longer copies of all health certificates from the state of origin of the animal. I (we) also agree to permit the Ohio Department of Agriculture, or any of its authorized agents, to inspect my (our) records at any time pursuant to section 965.10 of the Ohio Revised Code.

Date application made: _____	Approved _____
_____	Check # _____
_____	Date of Check _____
Signature of the applicant or one authorized to sign _____	Amount of Check _____
	DR Permit No. _____

Fees:
\$500.00 per annum

PAYMENT REQUIRED: TOTAL AMOUNT MUST BE ENCLOSED TO COVER THE FEE ABOVE PAYABLE TO THE OHIO DEPARTMENT OF AGRICULTURE, CHECK OR MONEY ORDER ONLY

Mail completed form to:
Ohio Department of Agriculture
Division of Animal Health
Commercial Dog Breeders Office
8995 East Main Street
Reynoldsburg, Ohio 43068

FOR OFFICE USE ONLY
DATE RECEIVED STAMP

**** This application and any other documents provided by applicant will constitute a public record and thus may be publicly available to anyone who requests it. ****



Background Check Disclosure, Authorization and Release for Dog Retailer Permit

Section I: Disclosure

This form, which you should read carefully, has been provided to you because the Ohio Department of Agriculture may request investigative reports on you from various public and private reporting agencies. The Ohio Department of Agriculture will use any such report(s) solely for a determination of whether to grant a dog retailer permit.

Investigative reports may be obtained from a background check vendor and/or public agencies and provided to the Ohio Department of Agriculture. The types of information that may be obtained include but are not limited to: Social Security Number verification, criminal records check, public court records check, etc. Any such reports are public records under Ohio's public records laws unless specifically exempt from disclosure.

Section II: Authorization and Release

I have carefully read and understand this Disclosure, Authorization and Release form. By my signature below, I consent to the release of investigative reports to the Ohio Department of Agriculture in conjunction with my application for a Dog Retailer license. I also authorize disclosure to the Ohio Department of Agriculture and/or the background check vendor of information concerning my criminal history and all other information the Ohio Department of Agriculture deems pertinent by any individual, corporation or other private or public entity, including without limitation the following: law enforcement agencies; federal, state and local courts; and other applicable sources. I hereby release and hold the vendor and the Ohio Department of Agriculture and its employees and appointees harmless from any and all liability with respect to the investigations, verifications, and/or the use of any information relevant to my permit/license application.

I understand that if I am approved for a permit/license, my consent will apply throughout the term of my permit/license to the extent permitted by law.

This Disclosure, Authorization and Release form, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by the Ohio Department of Agriculture.

I understand that providing any false information or omitting any material information on my application for Dog Retailer permit/license may be sufficient grounds for rejection of the application or termination of the permit/license whenever discovered.

Printed Name: _____

Signature: _____

Date Signed: _____

