

Licensing Year:

APPLICATION FOR ANIMAL FANCIER PERMIT

NON-GRANTFATHERED APPLICANTS
RENEWAL Applicants who applied after Jan. 1, 2009

INSTRUCTIONS: Please complete and return it to the above address with your remittance Payable to the CITY OF GREENFIELD.

NAME AND ADDRESS

LAST NAME		FIRST NAME	
STREET			
CITY	STATE	ZIP CODE	
PHONE NUMBER:			

Limit of 4 Animals

TOTAL NUMBER OF ANIMALS: Dogs: Cats:

ANIMAL 1: SELECT TYPE DOG CAT

NAME OF ANIMAL:	BREED OF ANIMAL:
LICENSE NUMBER:	RABIES TAG NUMBER:
RABIES VACCINATION DATE:	RABIES VACCINATION EXPIRATION DATE:

ANIMAL 2: SELECT TYPE DOG CAT

NAME OF ANIMAL:	BREED OF ANIMAL:
LICENSE NUMBER:	RABIES TAG NUMBER:
RABIES VACCINATION DATE:	RABIES VACCINATION EXPIRATION DATE:

ANIMAL 3: SELECT TYPE DOG CAT

NAME OF ANIMAL:	BREED OF ANIMAL:
LICENSE NUMBER:	RABIES TAG NUMBER:
RABIES VACCINATION DATE:	RABIES VACCINATION EXPIRATION DATE:

ANIMAL 4: SELECT TYPE DOG CAT

NAME OF ANIMAL:	BREED OF ANIMAL:
LICENSE NUMBER:	RABIES TAG NUMBER:
RABIES VACCINATION DATE:	RABIES VACCINATION EXPIRATION DATE:

Note: Animals #5 and # 6 are only applicable for Animal Fanciers in existence prior to January 1, 2009, per Greenfield Municipal Code Chapter 12.11(9).

ANIMAL 5: SELECT TYPE DOG CAT

NAME OF ANIMAL:	BREED OF ANIMAL:
LICENSE NUMBER:	RABIES TAG NUMBER:
RABIES VACCINATION DATE:	RABIES VACCINATION EXPIRATION DATE:

ANIMAL 6: SELECT TYPE DOG CAT

NAME OF ANIMAL:	BREED OF ANIMAL:
LICENSE NUMBER:	RABIES TAG NUMBER:
RABIES VACCINATION DATE:	RABIES VACCINATION EXPIRATION DATE:

VETERINARIAN:	VETERINARIAN PHONE NUMBER:	
VETERINARIAN ADDRESS:		
CITY:	STATE	ZIP

TOTAL PERMIT FEES: \$45.00

SIGNATURE OF APPLICANT: _____ DATE: _____

In making this application, I understand this business is subject to the provisions of CHAPTER 12 of the Greenfield Municipal Code. Effective July 1, 2005 The City of Greenfield will be charging a \$25.00 fee for checks which are returned to us as uncollectible by our bank.

Permit Expires on DECEMBER 31 of the licensing year.

A Penalty Fee of \$160.00 applies to renewal applications postmarked after DECEMBER 31ST

PLEASE INFORM THE GREENFIELD HEALTH DEPARTMENT OF ANY CHANGES.

Rev. 2/16/16

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