

CITY OF ROCK ISLAND

LICENSE APPLICATION



ANIMAL BUSINESS NEW

License Year: May 1 through April 30
New Application _____

Application is hereby made for a license for:

- | | | |
|-------|----------------------------------|--|
| _____ | Commercial Kennel | Fee
\$200.00 |
| _____ | Pet Shop | \$75.00 |
| _____ | Breeder | \$50.00 Plus \$10.00/dog over six months of age # _____ |
| _____ | Rescue and Rehabilitation | \$25.00 |

APPLICANT INFORMATION

BUSINESS NAME	ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE	MANAGERS' NAME	OWNER'S NAME	OWNER'S TELEPHONE	

As owner listed above, I agree to pay the required fee and renew license annually on or before May 1st each calendar year according to the ordinance requirements of the City of Rock Island. As owner, I also agree to comply with the regulations of the Health Officer, Animal Control Officer, and Zoning Enforcement Official, which includes allowing them to inspect the premises for compliance with State and City Public Health Regulations, City Regulations and Zoning Ordinances.

Signature of Applicant

Date of Application

DO NOT WRITE BELOW THIS LINE...TO BE COMPLETED BY THE CITY CLERK'S OFFICE

Health Officer Approval Included:	Yes _____	No _____
Animal Control Officer Approval Included:	Yes _____	No _____
Zoning Enforcement Official Approval Included:	Yes _____	No _____

CITY OF ROCK ISLAND

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City Clerk Approval Date

License Fee

License Fee Receipt Number

License Number

License Printed Date

License Delivery Date

**Return Completed application and additional documents to:
City Clerk's Office, 1528 3rd Avenue, Rock Island, IL. 61201
(309) 732-2010**

CITY OF ROCK ISLAND
LICENSE APPLICATION

NEW ANIMAL BUSINESS HEALTH INSPECTION

As Health Officer for the City of Rock Island, I have reviewed the attached application for a _____
_____ to be located at _____

and find it to be:

_____ in compliance with all Health Regulations
_____ in non-compliance with the following Health Regulations.

If in non-compliance, the owner has agreed to take the necessary measures to meet regulations, and I will inspect again when notified by owner of improvements and changes made in order to meet the regulations.

Signature of Health Officer

Date

I have approved this application regarding the Health Regulations and Standards for specified business.

Signature of Health Officer

Date

CITY OF ROCK ISLAND

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NEW ANIMAL BUSINESS ANIMAL CONTROL INSPECTION

As Animal Control Officer for the City of Rock Island, I have reviewed the attached application for a _____
to be located at _____

and find it to be:

_____ in compliance with all Animal Control Regulations
_____ in non-compliance with the following Animal Control Regulations.

If in non-compliance, the owner has agreed to take the necessary measures to meet regulations, and I will inspect again when notified by owner of improvements and changes made in order to meet the regulations.

Signature of Animal Control Officer

Date

I have approved this application regarding the Animal Control Regulations and Standards for specified business.

Signature of Animal Control Officer

Date

CITY OF ROCK ISLAND
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NEW ANIMAL BUSINESS ZONING INSPECTION

As Zoning Enforcement Official for the City of Rock Island, I have reviewed the attached application for a _____ to be located at _____

and find it to be:

_____ in compliance with all Zoning Regulations.
_____ in non-compliance with the following Zoning Regulations.

If in non-compliance, the owner has agreed to take the necessary measures to meet regulations, and I will inspect again when notified by owner of improvements and changes made in order to meet the regulations.

Signature of Zoning Enforcement Official

Date

I have approved this application regarding the Zoning Enforcement Codes for specified business.

Signature of Zoning Enforcement Official

Date