

**APPLICATION FOR  
PET SHOPS, PET GROOMING SHOPS, BOARDING KENNELS  
AND OTHER ANIMAL RELATED BUSINESS LICENSES  
CITY OF CUDAHY**

1. APPLICANT: Individual// partnership//corporation\*(see back)

Name \_\_\_\_\_

Name \_\_\_\_\_

*(ATTACH AN AUXILIARY QUESTIONAIRE FOR EACH PARTY)*

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone: \_\_\_\_\_

Maiden/Former Names: \_\_\_\_\_

Trade Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Person(s) responsible for the care of the animals:

2. Detail nature of business to be conducted, # & type of animals involved:

\_\_\_\_\_

3. Location(s) of business with retail sales, wholesale, storage, animal handling and retention areas clearly marked on a separate drawing:

\_\_\_\_\_

4. **HAVE YOU EVER BEEN** convicted of a non-traffic violation by any governmental body or do you have any pending non-traffic cases against you? No \_\_\_ Yes \_\_\_ (see back)

5. **HAVE YOU EVER BEEN** you ever been fined or charged with violation related to health, care, ownership, sale of any animal, or to illegally imported animals? No \_\_\_ Yes \_\_\_ (see back)

6. **For Renewals;** Has anything changed from last year? No \_\_\_ Yes \_\_\_ (see back)

If you have any convictions and fail to list them on the back of your application, you will be prosecuted and fined for false swearing.

State of Wisconsin

County of Milwaukee

\_\_\_\_\_ being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application and the answers to the above questions are true and correct:

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, Milwaukee County, WI

My Commission expires \_\_\_\_\_

**IF the answer to #4 was YES, COMPLETE THE FOLLOWING. USE A SEPARATE SHEET IF MORE SPACE IS NEEDED.**

OFFENSE	CHARGING AGENCY	CONVICTION DATE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IF the answer to #5 was YES, GIVE COMPLETE DETAILS BELOW (INCLUDE DATES AND RESULTS). USE A SEPARATE SHEET IF MORE SPACE IS NEEDED.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF the answer to #6 was YES, GIVE COMPLETE DETAILS BELOW (INCLUDE DATES). USE A SEPARATE SHEET IF MORE SPACE IS NEEDED.**

\_\_\_\_\_

**If the business is owned by a corporation** list the names and titles of all corporate officers and include a separate Auxiliary Questionnaire for each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

License issued by Clerks Office: \_\_\_\_\_ License No. \_\_\_\_\_  
(date)