



Chapter 142. Animal Care and Control  
 Appendix 6. Hobby Kennel License  
 Application

Cecil County Animal Services  
 3280 Augustine Herman Hwy  
 Chesapeake City, MD 21915  
 (410) 441-2040

Revised January 2013

<b>CECIL COUNTY HOBBY KENNEL LICENSE APPLICATION</b>	DATE FILED: _____ AMT. PD: _____ ACCEPTED BY: _____ FILE NO: _____
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<input type="checkbox"/> <b>RENEWAL OF PRIOR YEAR LICENSE</b>
<b>LICENSE #</b>
<input type="checkbox"/> <b>NEW KENNEL LICENSE</b>
<input type="checkbox"/> <b>LICENSE CHANGE (i.e., Location, Owners)</b>

Acceptance of application by staff does not indicate application approval. All applications must be reviewed and approved by the Cecil County Animal Care and Control Authority. Incomplete applications may cause delays in processing.

1. Applications may be obtained from the Department of Finance, the Animal Care and Control authority or from the County's website: [www.ccgov.org](http://www.ccgov.org).
2. The following must be submitted to the Animal Care and Control Authority when scheduling the required inspection:
  - \* Fully completed Application
  - \* Sketch of proposed project that indicates property size, boundaries, structures, adjacent streets, etc.
  - \* Program of Veterinary Care – Chapter 142. Appendix 5
  - \* Exercise Plan for Dogs – Chapter 142. Appendix 7
  - \* Fee paid to the Animal Care and Control Authority for application review/inspection (non-refundable) as set by Chapter 142 – Appendix 1. Fees Schedule
3. Upon application approval by the Cecil County Animal Care and Control Authority, the applicant will then submit this approved license application along with all required documentation and the license fee, as set forth in Chapter 142 Appendix 1. Fees Schedule, to the Department of Finance to receive the license.  
 Make checks payable to: **“Cecil County”**
4. **APPLICANT IS RESPONSIBLE FOR THE FOLLOWING:**  
 Meeting the criteria for granting a Hobby Kennel License, as set forth in the Cecil County Ordinance Chapter 142 Animal Care and Control available on the Cecil County Government website.

QUESTIONS – CONTACT THE CECIL COUNTY ANIMAL CARE AND CONTROL AUTHORITY.

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**PART 1. APPLICANT INFORMATION**

**KENNEL NAME:** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

1. Check one of the following indicating the structure of the organization for which the license is requested:
  - Corporation      Partnership       LLC
  - S Corporation      Individual/Sole Proprietor       Other – Explain \_\_\_\_\_

**PART 2. ELIGIBILITY CRITERIA**

**The information requested below must be supplied for every person who holds an ownership interest in the kennel. For purposes of this Kennel License Application – “You” – means any person holding an ownership interest in the kennel.**

- 1. Have you ever been convicted (convicted includes guilty plea or no contest plea) of a violation of any Maryland State or Cecil County law, relating to cruelty to animals, or of substantially similar conduct pursuant to an animal cruelty law of another state or Commonwealth?  No  Yes

If you answered “Yes,” provide the following additional information for each such person.

Name of person: \_\_\_\_\_

a. Total number of convictions: \_\_\_\_\_

b. For each charge on which convicted, individually set forth the court, county and state of the conviction and court docket number:

\_\_\_\_\_

\_\_\_\_\_

c. For any Convictions that occurred more than 10 years prior to the filing of this Kennel License Application, provide any information you wish the County to consider as evidence you have been rehabilitated and that the granting of the kennel license will not jeopardize the health, safety and welfare of the dogs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 2. Do you have a person who does or will play a role in caring for the dogs in the kennel, who has been convicted (convicted includes a guilty plea or no contest plea) of a violation of any Maryland State or Cecil County law, relating to cruelty to animals, or of substantially similar conduct pursuant to an animal cruelty law of another state or Commonwealth? A role includes management of the kennel or participation in caring for the dogs in the kennel.  No  Yes

If “Yes” list the name of the individual(s) by name and address and the role they will play in the kennel:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you answered “Yes” to the above, for each such instance provide the date legal action or agreement was filed or consented to, the court in which the proceedings were initiated, the court’s docket number, the prosecuting authority bringing the charge, citation or with whom the agreement was reached. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 3. Have you ever been convicted (convicted includes a guilty plea or no contest plea) of a felony?  No  Yes

If you answered “Yes,” provide the following additional information.

a. Total number of convictions \_\_\_\_\_

b. For each charge on which convicted, individually set forth the court, county and state of the conviction and court docket number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Within 10 years prior to the filing of this Kennel License Application have you:
- a. Been required to cease and desist from operating a kennel or owning, selling or caring for dogs or both?  
 No    Yes
  - b. Entered into an agreement with the Maryland Office of Attorney General which requires or required you to cease and desist from operating a kennel or owning, selling or caring for dogs, or both?  No    Yes

If you answered "Yes" to the above, for each such instance provide the date legal action or agreement was filed or consented to, the court in which the proceedings were initiated, the court's docket number, the prosecuting authority bringing the charge, citation or with whom the agreement was reached: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Is the location of the kennel for which the license is sought subject to a final, binding order, which is not subject to a pending legal challenge, declaring the kennel is not a permitted use under the applicable zoning ordinance?  No    Yes
6. Have you had a kennel license, dealer license or out-of-state dealer license refused or revoked within the past ten years?  No    Yes  
 If you answered "Yes," list the Type of License and the year revoked or refused. \_\_\_\_\_  
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**PART 3. KENNEL DESCRIPTION:** *(Describe in detail the proposed use, and temporary or permanent structures to be used. Use additional paper and attach if necessary).*

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**SITE PREPARATION:** *(If grading is planned, attached copy of proposed Grading Plan)*

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**FENCING /BARRIERS:** *(Describe type of fencing surrounding kennels and type of locking device)*

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**FACILITIES/SERVICES:**

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1. Identify all buildings and locations in or at which dogs are or will be kept or housed during this kennel year:

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2. Will the animals run loose? \_\_\_\_\_

3. How many and what type of animals? \_\_\_\_\_

4. Describe manure management program

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5. Name, address and phone number of Veterinarian(s) \_\_\_\_\_

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**NOTE 1:** If upon inspection, you refuse entry to the listed locations, such refusal shall be considered a failure to comply under Article 7 of Cecil County Chapter 142. Animal Care and Control.

**NOTE 2:** If at the time of an inspection dogs are kept or housed in buildings or locations not set forth below, the County reserves the right to consider the failure to list that location below to be a material misrepresentation.

The following information must be provided: Attach proof of rabies vaccinations for each dog.  
*(Use additional paper and attach if necessary).*

<b>NAME OF DOG</b>	<b>DOG'S AGE</b>	<b>DOG'S WEIGHT</b>	<b>DATE OF RABIES VACCINATION</b>	<b>DOG COLOR</b>	<b>DOG BREED</b>	<b>MALE OR FEMALE</b>

**CERTIFICATION – SIGNATURES:**

I/We certify that I/we understand and will comply with all provisions of Chapter 142, Animal Care and Control, governing Hobby Kennels, that I/we are presently the legal owner(s) of the above described property and that the information provided herein and in all attachments and supporting material is true and correct to the best of my/our knowledge and belief. I/we grant permission to the Animal Care and Control Authority to inspect all animals and the premises where animals are kept at any time.

**APPLICANT(S)/OWNER(S):**

<b>Print Name:</b> _____	<b>Signature:</b> _____	<b>Date:</b> _____
<b>Print Name:</b> _____	<b>Signature:</b> _____	<b>Date:</b> _____
<b>Print Name:</b> _____	<b>Signature:</b> _____	<b>Date:</b> _____
<b>Print Name:</b> _____	<b>Signature:</b> _____	<b>Date:</b> _____
<b>Print Name:</b> _____	<b>Signature:</b> _____	<b>Date:</b> _____
<b>Print Name:</b> _____	<b>Signature:</b> _____	<b>Date:</b> _____

**For the Animal Care and Control Agency’s Use Only:**

After performing the required inspection and reviewing this application, the following recommendation is made:

Application review fee paid     Approve Hobby Kennel license     Deny/revoke Hobby Kennel license

\_\_\_\_\_  
Signature of authorized ACCA representative

\_\_\_\_\_  
Printed Name of ACCA representative