

PLANNING AND CODE ADMINISTRATION

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**COMMERCIAL KENNEL OR
PET SHOP LICENSE APPLICATION**

SUBJECT PROPERTY

Name of Business _____
Address _____ Suite No. _____
Business Telephone Number _____

PROPERTY OWNER

TYPE OF OWNERSHIP Individual Partnership Corporate
If Corporate, Registered Agent Contact _____

Corporation or Individual (s) Name _____ Primary or Emergency Contact _____
Street Address _____ Suite No. _____
City _____ State _____ Zip Code _____
Telephone Numbers: Work _____ Cell _____ E-mail Address _____

TENANT/APPLICANT

Primary Contact _____ Title _____
Street Address _____ Suite No. _____
City _____ State _____ Zip Code _____
Telephone Numbers: Work _____ Cell _____ E-mail Address _____

TYPE OF LICENSE *(select only one)*

Commercial Kennel Pet Shop

TYPE OF ANIMALS BOARDED OR SOLD *(check all that apply)*

<input type="checkbox"/> Amphibians	<input type="checkbox"/> Fish
<input type="checkbox"/> Birds	<input type="checkbox"/> Rabbits
<input type="checkbox"/> Cats	<input type="checkbox"/> Reptiles
<input type="checkbox"/> Dogs	<input type="checkbox"/> Rodents
	<input type="checkbox"/> Other <i>(specify)</i> _____
