

# CITY OF MORGAN HILL POLICE DEPARTMENT

16200 Vineyard Boulevard – Morgan Hill, California 95037

e: License-Permits@morganhill.ca.gov



## Application for Animal Establishment Permit

Animal Establishment (6.20.010 – 6.20.090 MHMC)

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**Instructions:** Complete this application, sign, date and return to Morgan Hill Police Department Licenses and Permits Division via email: [License-Permits@morganhill.ca.gov](mailto:License-Permits@morganhill.ca.gov)

All questions in this application must be answered. Owners must initial each page. If you submit an incomplete application, your permit may be denied. Type or print all responses.

Attach the required fee\* of \$180 and a copy of the following documents:

- A list of the types of animals to be maintained or used for any purpose, together with the approximate number of animals of each type.
- Current Morgan Hill Business License or Application
- A floor plan with the dimensions of areas used for the animal establishment.

\*Payment may be made online. Email to request a secure payment link.

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### SECTION I

This permit application is applicable to every person, corporation or organization that owns, conducts, manages or operates any commercial kennel, private kennel, pet shop, pet grooming parlor, animal menagerie, animal shelter or horse establishment in the City of Morgan Hill per Morgan Hill Municipal Code Chapter 6.20

Date of Application: \_\_\_\_\_ City of Morgan Hill Business License: \_\_\_\_\_

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_

Operating Hours: \_\_\_\_\_  
\_\_\_\_\_

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## SECTION II

Names, addresses and phone numbers of any owners, officers, directors, co-partners, including limited partners; or, if the applicant is a corporation, the name of the corporation.

Owner Name: \_\_\_\_\_

Owner Home Address: \_\_\_\_\_

Owner Phone: \_\_\_\_\_

Owner Email: \_\_\_\_\_

2<sup>nd</sup> Owner Name: \_\_\_\_\_

2<sup>nd</sup> Owner Home Address: \_\_\_\_\_

2<sup>nd</sup> Owner Phone: \_\_\_\_\_

2<sup>nd</sup> Owner Email: \_\_\_\_\_

Please use additional pages if required.

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## SECTION III

Names, addresses and phone numbers of the manager in charge of the business.

Manager Name: \_\_\_\_\_

Manager Home Address: \_\_\_\_\_

Manager Phone: \_\_\_\_\_

Manager Email: \_\_\_\_\_

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## SECTION IV

List the names, addresses and phone numbers of the property/building owner who shall give consent to animal services being conducted upon or from the premises.

Building Owner Name: \_\_\_\_\_

Building Owner Home Address: \_\_\_\_\_

Building Owner Phone: \_\_\_\_\_

Building Owner Email: \_\_\_\_\_

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## SECTION V

State in detail the type of animal services that are conducted on or from the premises. (example: Veterinary Services to include grooming, surgery, anesthesia, euthanasia, boarding, obedience training etc).

Insufficient information may be grounds for delay and/or denial

Has any person listed in this application had a permit for the same or similar business suspended or revoked anywhere and, if so, the circumstances of such suspension or revocation?

Has any person listed in this application been convicted by a court of law of more than two violations in a 12-month period of this title, or state laws relating to animals, public nuisance caused by animals, or cruelty to animals in this or any other state within the past five (5) years? If so, enter details of the arrest, the nature of the charge, and its disposition.

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By signing this application, I hereby certify under penalty of perjury that the answers and statements I have made on this application are true and correct to the best of my knowledge and belief, and that I understand and agree to the provisions and conditions herein or otherwise imposed on me. I also understand that any information misrepresented or intentionally omitted will result in automatic denial of this application. Furthermore, I confirm I have read and understood Chapter 6.20 of the Morgan Hill Municipal Code.

Printed name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Position of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Final Check:**

Payment

Attachments

- List of animals
- Floor Plan
- Business License
- State License

All pages initialed

No sections left blank