



# Illinois Department of Agriculture

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## Bureau of Animal Health and Welfare

State Fairgrounds • P.O. Box 19281 • Springfield, IL 62794-9281 • 217/782-6657 • TTY 866/287-2999 • Fax 217/558-6033

Dear Prospective Licensee:

Below is an application for licensure necessary to comply with the Illinois Animal Welfare Act. **This application cannot be used to renew a license and will not be processed if used for that purpose.** Prior to completing the application, please be aware of the various license types and select the type which best describe your business. **A separate application must be completed for each license type you are requesting.**

Please be advised that the Bureau no longer issues foster home permits. Foster home permits are issued through affiliating by formal written agreement with an animal shelter or animal control facility for which that person will operate the foster home.

Please complete the application for each license type in detail and return with the required initial license fee(s) to this office. **Please be advised that your facility must be in compliance for licensure within 60 days of receipt of your application in this office to avoid forfeiture of your license fee(s) and the requirement to resubmit another application with an additional license fee(s).** Upon receipt, Department personnel will be contacting you to conduct a preliminary inspection and answer any questions you might have regarding the Act and its requirements as a prerequisite to final processing and issuance of your license(s). The license(s) will expire annually on June 30.

In addition to the requirements of the Animal Welfare Act and the Department's administrative rules, all applicants must comply with all ordinances and regulations. A Bureau of Animal Health and Welfare License does not exempt licensees from complying with local ordinances or regulations.

We appreciate your cooperation with the Department during the licensing process. Please do not hesitate to contact this office if you have further questions or concerns or if we may be of service to you and your business.

Thank you.

Bureau of Animal Health & Welfare  
Illinois Department of Agriculture

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ILLINOIS DEPARTMENT OF AGRICULTURE  
Bureau of Animal Health and Welfare

Form AW-1

(Check or circle only one category)  
APPLICATION FOR ILLINOIS LICENSE TO  
OPERATE AS:

	<u>Code</u>
Pet Shop Operator	1
Cat Breeder	2
Dog Breeder	3
Dog Dealer	4
Kennel Operator	5
Animal Control Facility	6
Animal Shelter	7
Day Care Operator	8
Guard Dog Service	9
Horse Rescue	10

<u>BUREAU USE ONLY</u>	
Approved by:	_____
Date License Issued:	_____
License No.	_____
Code	_____ County No. _____

No person shall engage in business as a pet shop operator, dog dealer, kennel operator, day care operator, dog breeder, or cat breeder or operate a guard dog service, an animal control facility, or animal shelter, in this State without a license therefor issued by the Department. If one business conducts more than one such operation, each operation shall be licensed separately.

I hereby apply for a license to operate as one of the above designated businesses in accordance with the Animal Welfare Act, (225 ILCS 605/), and its Rules (8Ill. Adm. Code 25).

(Please Print)

1. Name of Operation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Zip Code \_\_\_\_\_ County \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

2. Ownership: (check or circle one):      Corporation                      Partnership                      Individual

**NON-PROFIT VERIFICATION:**  
All **animal shelters** and **animal rescues** must provide verification of non-profit status. No license will be issued without status verification. Methods of verification may include the following:  
• EIN used for 501c3 registration: \_\_\_\_\_  
• Non-profit corporation file number from the Secretary of State: \_\_\_\_\_  
• A copy of a "Certificate of Good Standing" issued by the Secretary of State  
• A copy of the shelter or rescue's charter for nationally recognized organizations  
**No animal shelter license will be issued without non-profit status verification.**

3. List below owner(s) name and present residence. If a partnership, name and present residence of each partner. If a corporation, name and address of each director and officer and/or other person authorized to represent or act for the above designated ownership. If a municipality or humane society, name and address of person(s) in charge of operation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are all persons listed under "3" above citizens of the United States of America? \_\_\_\_\_  
(If not, state citizenship) \_\_\_\_\_

5. Business name and address of all branch locations, if any: \_\_\_\_\_  
\_\_\_\_\_

6. Previous business connections or experience relating to any of the aforementioned license categories: \_\_\_\_\_  
\_\_\_\_\_
7. Bank reference: \_\_\_\_\_
8. Name and address of two (2) professional or business references:
1. \_\_\_\_\_
2. \_\_\_\_\_
9. Has any license of the applicant(s) under this Act or any federal, state, county, or local law, ordinance or regulation, relating to dealing in, or handling of dogs, cats, birds, fish, reptiles, or other animals customarily obtained as pets in this State, ever been suspended or revoked? \_\_\_\_\_  
(If so, please explain): \_\_\_\_\_  
\_\_\_\_\_
10. Has applicant ever been convicted of a felony? \_\_\_\_\_
11. If a foreign corporation, partnership, or individual, are you authorized by the Secretary of State to do business in the State of Illinois? \_\_\_\_\_
12. Hours and days per week animals are offered for sale, exchange, or adoption: \_\_\_\_\_  
\_\_\_\_\_
13. Does applicant, in addition to dogs, cats, birds, fish, or reptiles, offer any other animals for sale, trade or adoption? \_\_\_\_\_  
(If answer is "yes", please name) \_\_\_\_\_

**BUILDINGS AND PREMISES**

14. Describe buildings and premises where applicant intends to conduct operation (dimensions, type of flooring, roofing, and size of different rooms):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Number of cages, pens, and/or aquariums on the premises:  
\_\_\_\_\_
16. Average number of dogs, cats, birds, fish, or reptiles on hand:  
\_\_\_\_\_
17. Describe storage and disposal of waste materials and dead animals (schedule of pick-up service and by whom): \_\_\_\_\_  
\_\_\_\_\_
18. What control measures are taken to prevent infestation of animals and premises with external parasites and vermin? \_\_\_\_\_  
\_\_\_\_\_
19. What precautions are taken for the isolation of diseased animals to avoid exposure to healthy and salable animals? \_\_\_\_\_  
\_\_\_\_\_

20. How often are cages, runs, and tanks cleaned and disinfected when in current use? \_\_\_\_\_  
\_\_\_\_\_
21. Describe heating and ventilation system in kennel area: \_\_\_\_\_  
\_\_\_\_\_

GENERAL CARE OF ANIMALS

22. Specify days attendant is on duty to care for animals: \_\_\_\_\_  
\_\_\_\_\_
23. Specify hours attendant is on duty: \_\_\_\_\_  
\_\_\_\_\_

ANIMALS IN TRANSIT

24. Method of handling animals in transit in relation to feeding, watering, freedom of movement, type of conveyance, heat and ventilation, disinfecting, and sanitary measures. (describe in detail) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HEALTH OF ANIMALS AT TIME OF RELEASE

25. What precautions are taken to assure that each animal for sale or release is healthy and free from any infection or disease? (explain) \_\_\_\_\_  
\_\_\_\_\_
26. When are the services of a veterinarian used? \_\_\_\_\_  
\_\_\_\_\_
27. Name and address of your veterinarian or veterinarians: \_\_\_\_\_  
\_\_\_\_\_
28. If animals are accompanied by guarantee, explain provisions of guarantee: \_\_\_\_\_  
\_\_\_\_\_
29. What procedure is used to satisfy complaints? \_\_\_\_\_  
\_\_\_\_\_

RECORDS

30. Is a record of all purchases with description of animals maintained for a minimum of twelve (12) months? YES \_\_\_\_\_ NO \_\_\_\_\_
31. Are all out-of-state animals accompanied by an official health certificate? YES \_\_\_\_\_ NO \_\_\_\_\_
32. Is a record of each retail sale maintained by the applicant for a period of twelve (12) months after date of sale or transfer of animals?  
YES \_\_\_\_\_ NO \_\_\_\_\_
33. Does the sale invoice given to the customer identify the animal, and show immunizations and medications administered?  
YES \_\_\_\_\_ NO \_\_\_\_\_

KENNEL OPERATORS ONLY

34. All kennel operators that maintain dogs or cats for boarding must be in compliance with 225 ILCS 605/18.2 (Fire Alarm System), and 8 Ill. Adm. Code 25.145. Compliance can be satisfied by an affirmative answer and submission of required documentation to one of the following:

a.) There is at least one fire alarm system or fire sprinkler system in operating condition in every building of the kennel that is used for the housing of animals. **If yes, include with the application a description and picture of the make and model of the system used.**

YES \_\_\_\_\_ NO \_\_\_\_\_

b.) The kennel is staffed at all times dogs or cats are on the premises. **If yes, include with the application a staffing plan.**

YES \_\_\_\_\_ NO \_\_\_\_\_

PET SHOP OPERATORS

35. Any person or entity who sells animals at retail must be licensed as a Pet Shop Operator. By signing below, a Pet Shop Operator applicant certifies that any dogs or cats sold at its facility will be sourced from an animal control facility or animal shelter, located in-state or out-of-state, that is in compliance with the Animal Welfare Act and its corresponding administrative rules. A Pet Shop Operator must keep a record of each dog or cat offered for sale, and the record must be kept on file for a period of 2 years following the acquisition of each dog or cat, made available to the Department upon request, and submitted to the Department on May 1 and November 1 of each year.

DOG DEALERS

36. Dog Dealers are prohibited from selling dogs and/or cats at retail to the public. If this application is for a dog dealer license, by signing below, you certify that you will not sell, offer to sell, exchange, or offer for adoption dogs or cats at retail to the public. As indicated above, only Pet Shop Operators are permitted to sell dogs and/or cats at retail to the public, and all dogs and/or cats sold at retail to the public must be sourced from an animal control facility or animal shelter.

ALL APPLICANTS

37. By signing below, each applicant certifies its understanding and acknowledgment that pursuant to the Animal Welfare Act: (1) no person or entity is permitted to sell any animal at retail under any license except a pet shop operator license, and (2) any dogs or cats sold at retail must be sourced from an animal control facility or animal shelter.

38. Applicant irrevocably consents that actions against it for alleged violations of this Act may be filed in any appropriate court of any county or municipality of Illinois in which the plaintiff resides or in which some part of the transaction occurred out of which the alleged cause of action arose, and that process in any action may be served on the applicant by leaving 2 copies thereof with the Director of Agriculture of the State of Illinois, who shall forthwith send one copy by registered mail to the applicant at the address shown on this application. Applicant stipulates and agrees that such service of process shall be taken and held to be valid and binding for all purposes relating to such alleged violations.

39. Please note that all applicants are responsible for ensuring that they are in compliance with local ordinances and requirements.

By virtue of signing this application, the applicant grants permission to authorized employees of the Department of Agriculture to inspect the licensed premises during reasonable business hours or at other times deemed necessary by the Department to enforce the laws of the State of Illinois.

SIGNED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant(s)

PLEASE DO NOT SEND CASH: Application to be accompanied by the \$350 fee for each license of any classification. All license fees are non-refundable. Check or money order to be made payable to the Illinois Department of Agriculture, State Fairgrounds, P.O. Box 19281, Springfield, Illinois 62794-9281

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Illinois Compiled Statutes, Ch. 225, Par 605/1 through 605/22. Failure to provide this information shall prevent this form from being processed This form has been approved by the State Forms Management Center IL406-0413 (10-95)  
(03-20)

## **Animal Welfare License Application** **Required Information**

Pursuant to the Illinois Administrative Procedures Act, 5 ILCS 100/10-65, and the federal Child Support Act 42 U.S.C.A. 666, an applicant's social security number is required to be recorded on an application or a renewal application for a license. A license is defined in the law as any "permit" certificate, approval, registration, charter, or similar form of permission". However, if the applicant is a business entity that utilizes a Federal Employer Identification Number, then no social security number is required on the application to comply with the child support laws.

Moreover, Section 10-65(c) of the Administrative Procedures Act requires the following: "Each agency shall require the licensee to certify on the application form, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Every application shall state that failure to so certify shall result in disciplinary action, and that making a false statement may subject the licensee to contempt of court." However, if the applicant is a business entity that utilizes a Federal Employer Identification Number, then such entity is not required to make the certifications.

**In order for the Animal Welfare license application to be processed, the following information must be provided:**

Name \_\_\_\_\_

Are you more than 30 days delinquent in complying with a child support order? Yes      No  
(NOTE: if you are not subject to a child support order, answer "no".)

FEIN or Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_  
\_\_\_\_\_

**Applications will not be processed without this information. Please return this form with your completed application.**