

**APPLICATION FOR PET SHOP LICENSE**

**License Period:** April 1 – March 31

**Fee:** \$175.00

**License application for PET SHOP pursuant to Chapter 194, Title 20, V.S.A.**

**Owner Name** \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

**Business Mailing Address** \_\_\_\_\_

\_\_\_\_\_

**Physical Address of Facility** \_\_\_\_\_

\_\_\_\_\_

**Species of Animals Sold** \_\_\_\_\_

\_\_\_\_\_

**Please read and initial all statements and sign the application. The application will be returned if all areas are not initialed and signed.**

**Please Initial:** \_\_\_\_\_ By signing this license, I hereby agree that I will comply with the applicable sections of Vermont’s Welfare of Animals Law regarding housing facilities, feeding, watering, sanitizing and housing practices of animals. I also understand that the Department of Agriculture has authority granted under 20 VSA Chapter





AGENCY OF AGRICULTURE, FOOD & MARKETS  
**Business Office/L&R**

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www.Agriculture.Vermont.Gov 116 State Street • Montpelier, Vermont 05620-2901 • (802) 828-2436 • (802) 828-3831 FAX

194 to conduct unannounced inspections of required records and facilities during reasonable hours. Reasonable hours shall be between the hours of 8:00 AM and 5:00 PM Monday-Friday unless otherwise agreed to with the Commissioner.

**Please Initial:** \_\_\_\_\_ I hereby certify that I am in good standing with respect to any obligations for child support and, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with, a plan approved by the Commissioner of Taxes to pay any and all taxes due to the state of Vermont as of the date of this application.

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

**Signature:** \_\_\_\_\_

License Questions: (802) 828-2436  
Program Questions: (802) 828-2421

Please remit payment to:

**Vermont Agency of Agriculture, Food & Markets  
Licensing and Registration Unit  
116 State Street  
Montpelier VT 05620-2901**

