



# Application For Kennel License

## City of Oklahoma City

### 420 West Main, 8th Floor

Establishment Name	Date
Street Address	City
Zip	
Previous Establishment Name (if any)	
Applicant Name (last)	(first)
Phone	
Address	City
Zip	
Corporation Name	Phone
Corporation Address	City
Zip	
Service Agent Name	Phone
Service Agent Address	City
Zip	

Catagory (check one box)

- 1. New ☐
- 2. Remodel ☐
- 3. Existing ☐

How many dogs are currently on  
premise? \_\_\_\_\_

How many dogs are anticipated in the  
future? \_\_\_\_\_

Do you keep dogs for show  
purposes? \_\_\_\_\_

Do you keep dogs to breed and  
sell? \_\_\_\_\_

Do you board dogs? \_\_\_\_\_

**Kennel plans and specifications must be submitted and  
approved prior to any constcrution or remodeling.**

\_\_\_\_\_  
Plans approved by City (date)

\_\_\_\_\_  
Plans approved by Health Dept. (date)

I hereby affirm that the information contained above is complete and accurate to the best of my knowledge and that failure to operate a kennel in accordance with the Oklahoma City ordinances may make the license subject to suspension or revocation and that such violation may cause such license holders or their responsible officers subject to municipal charges.

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Signed by applicant

**For Health Only**

Disposition:

Approved ☐

Denied ☐

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of inspector, title

**For City Only**

License Issued \_\_\_\_\_

Clerks initials \_\_\_\_\_

\_\_\_\_\_  
Date

Call for inspection at least forty-eight hours prior to desired opening time to Oklahoma City-County Health Department, 921 N.E. 23rd. Street, 427-8651. After approved by health director, take completed approved copies to Oklahoma City License Division, 420 West Main, 8th floor for issuance of license. The pink copy will be returned as your permanent record.

White: Health Dept. Yellow: License Div. Pink: Applicant