

# City of Warrenville

3S258 MANNING AVENUE  
WARRENVILLE, IL 60555  
(630) 393-9427 (630) 393-5053 FAX

## KENNEL LICENSE APPLICATION

Name of Kennel: \_\_\_\_\_

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

Kennel Address: \_\_\_\_\_

Lot #: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_ Size of Property: \_\_\_\_\_

Commercial \_\_\_\_\_ Private \_\_\_\_\_ (Check One)

Inspected On \_\_\_\_\_ by \_\_\_\_\_  
City Inspector

Illinois State Permit/License Number \_\_\_\_\_

Inspected On \_\_\_\_\_ by \_\_\_\_\_  
Illinois Department of Agriculture

Breed of Dogs \_\_\_\_\_ Number of Dogs \_\_\_\_\_

Vet's Name \_\_\_\_\_ Vet's Phone \_\_\_\_\_

Vet's Address \_\_\_\_\_

Dog Tag Numbers \_\_\_\_\_ Issued By \_\_\_\_\_

In making this application, I attest the location of this kennel has been zoned by the City for this purpose.

Application Fee: \$80.00

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date