

Make check payable to:
 Department of
 Animal Services

APPLICATION FOR A PERMIT
 TO: THE DEPARTMENT OF ANIMAL SERVICES
 3201 Lacy Street, Los Angeles, CA 90031

Return in
 duplicate
 No refund allowed

Name of Applicant (Print)		Purpose of Permit		Check one:	
Address (Home)		Phone		<input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial	
City		Zip		<input type="checkbox"/> New <input type="checkbox"/> Renewal	
Name of Business		Have you ever been convicted for cruelty to animals			
Address (Business)		Phone		<input type="checkbox"/> YES <input type="checkbox"/> NO	
City		Zip		Have you received a copy of the L.A.M.C. Chapter 5, Article 3, Rules & Regulations of the Department of Animal Services?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				Have you read and do you understand the L.A.M.C. Chapter 5, Article 3, Rules & Regulations of the Department of Animal Services?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

TYPE OF PERMIT (Submit a separate application for each permit required)

<input type="checkbox"/> Pigeons	<input type="checkbox"/> Wild Animal	<input type="checkbox"/> Pony Ride	<input type="checkbox"/> Pet, Dog or Cat Show
<input type="checkbox"/> Cat Kennel*	<input type="checkbox"/> Pet Shop	<input type="checkbox"/> Riding Academy	<input type="checkbox"/> Motion Picture, Television, Theatrical
<input type="checkbox"/> Dog Kennel*	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Boarding Stable*	<input type="checkbox"/> Circus <input type="checkbox"/> Rodeo <input type="checkbox"/> Zoo
<input type="checkbox"/> Animal Acts & Exhibition	<input type="checkbox"/> Retail	<input type="checkbox"/> Animal Rental	<input type="checkbox"/> Grooming Parlor
* Check one:	<input type="checkbox"/> Aviary	<input type="checkbox"/> Out of City Supplier	Number of Days: _____
<input type="checkbox"/> Breed	** Please submit a list, names and addresses, of owners of the horses boarded at your stable, together with your permit application and fee.		From _____ to _____
<input type="checkbox"/> Board			<input type="checkbox"/> Other (list): _____
<input type="checkbox"/> Breed and Board			

NUMBER AND TYPE OF ANIMALS KEPT

Number	Type	Number	Type

Animals are to be at

Home Filming Location

Business Other (please specify)

If animals are rented, please provide the following:

Name of Agency: _____

Address: _____

Phone: _____

USE REVERSE SIDE IF ADDITIONAL SPACE IS NEEDED

I hereby agree to abide by the laws of the City and the Rules and Regulations of the Department of Animal Services. I certify that all statements made on or in connection with this application are true and complete to best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact herein may cause denial or revocation of permit.

I further understand and agree that my premises may be inspected on a regular basis in accordance with provisions of sections 53.03, 53.50 and 53.65 L.A.M.C. and such other sections as may be applicable.

_____ Date _____ Signature of Applicant

FOR OFFICIAL USE ONLY

ZONING AUTHORITY				DEPARTMENT OF ANIMAL SERVICES Report and Recommendation			
Zoning Code:		Applicant(s) <input type="checkbox"/> meets, <input type="checkbox"/> does not meet, requirements set forth in the L.A.M.C., Sec. 53.50, and I therefore recommend this Permit <input type="checkbox"/> be granted,				To Zoning	
Variance:		CONDITIONS: <input type="checkbox"/> be denied.				From Zoning	
CONDITIONAL PERMIT		INSPECTION Inspected				To District	
<input type="checkbox"/> YES (See back page)		DATE: _____ by: _____ Approval _____				From District	
Total Fees	Permit	Penalty	EIR	Permit No.		Permit Issued	
\$	\$	\$	\$	Expires			
Receipt No.				General Manager		Date Granted	