



**CITY OF EL PASO
DEPARTMENT OF ANIMAL SERVICES**



5001 Fred Wilson Dr. El Paso, Texas 79906
Ph. (915) 212-7297 Fax (915) 212-0324

**APPLICATION: PERMIT FOR ANIMAL ESTABLISHMENT FOR KENNELING & BOARDING
(7.04.020, 7.04.050, 7.04.090, 7.14.60, 7.24.050, 7.24.060, 7.24.070)**

Business Name: _____ **Phone:** () _____

Property Address: _____

City/State/Zip: _____

Mailing Address (if different from above): _____

City/State/Zip: _____

Owner Name: _____ **Phone:** () _____

Owner Address: _____

City/State/Zip: _____

Square Footage Area: _____

Type of Service (Initial): _____ **Boarding** _____ **Kenneling** _____ **Both**

Type of Animals: **Canines:** _____ **Felines:** _____ **Livestock:** _____ **Other:** _____

Please initial the following declarations:

- _____ I am the Owner or Manager of the above business establishment.
- _____ I hereby affirm that I have read and understand Title 7 of the El Paso City Code governing the selling of animals within the City of El Paso.
- _____ I authorize the City of El Paso and/or his designee to inspect the property at any reasonable hour and establish requirements, restrictions or limitations concerning the sale of animals.
- _____ I understand that I must maintain records and inventory log on all animals displayed and sold on these premises in compliance with Title 7 of the El Paso City Code.

Applicant Signature: _____ **Date:** _____