



**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 to SELL ANIMALS  
(7.24.050, 7.24.060, 7.24.070, 7.24.090, 7.24.0100, 7.24.110)**

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

**Please initial the following declarations:**

- \_\_\_\_\_ I am the Owner or Manager / Assistant 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 Codes.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

