



City of Revere, Massachusetts

APPLICATION - KENNEL LICENSE

KENNEL INFORMATION:

Name of Kennel (if any): _____

Address of Kennel: _____

Email Address: _____ Phone #: _____

Capacity of Kennel: _____ Kennel Type: _____

Veterinarian Name: _____ Phone # _____

Veterinarian Address: _____

(Kennel Types: commercial boarding or training kennel, commercial breeder kennel, domestic charitable corporation kennel, personal kennel or veterinary kennel)

APPLICANT'S INFORMATION:

Owner's Name: _____

Home Address: _____

Email Address: _____ Phone #: _____

Signature - Owner

Date

The license applied for, if granted, cannot be sold, transferred or surrendered without the authority of the City Clerk

OFFICE USE ONLY

____ Animal Control Officer Inspection Report Attached

____ Occupancy Permit on File – Building Department

____ Business Certificate on File – City Clerk's Office, if required.

____ Fee Paid

\$40.00 (4 or less dogs), \$80.00 (5-10 dogs), \$150.00 (11-25 dogs), \$250.00 (26+ dogs)

____ Approved

____ Denied

Signature – City Clerk, Licensing Authority

Date