

CITY OF COUNCIL BLUFFS

DEPARTMENT OF PUBLIC HEALTH

APPLICATION FOR CATTERY/KENNEL INSPECTION

Name of Applicant: _____

Address: _____ City/State/ZIP: _____

Phone Number: _____

Type of Facility: Commercial, Residential, Cattery, Kennel

Number of cats at this location: _____ Number of dogs at this location: _____

Please attach a list of names and sex of all cats and/or dogs at the above address.

Note- All cats and/or dogs must have an individual license in addition to a Cattery and/or Kennel license.

I, the undersigned applicant, state that I have read and understand the provisions of Chapter 4.20 of the Municipal Code and all other Ordinances of the City of Council Bluffs, Iowa, and the laws of the State of Iowa regulating and controlling the keeping of animals at the above mentioned location and within the corporate limits of the City of Council Bluffs, and do hereby agree that if issued a permit for maintaining a Cattery and/or Kennel, I will abide with these regulations and laws. I also understand that the City will not be responsible for any damages caused by my actions, nor any actions caused or affected by me or my business.

_____ Date _____ Signature of Applicant

**FEE: \$20.00 per non-commercial license
\$40.00 per commercial license**

Approved Disapproved _____ / ____ / ____
Animal Control Div. Signature/Date

Approved Disapproved _____ / ____ / ____
Health Department Signature/Date

Approved Disapproved _____ / ____ / ____
Planning Div. Signature/Date