

# APPLICATION FOR ANIMAL-RELATED BUSINESS



2800 North Horseshoe Drive • Naples, FL 34104  
Phone: (239) 252-6958 Fax: (239) 252-2343 Website: [cvportal.collier.gov](http://cvportal.collier.gov)

***Disclaimer:*** By completing the information below it will assist us in processing your application. If you do not complete this section, it can delay the processing of your application. Submitting an application for an Animal-Related Business is not a guarantee that your application will be approved. Please allow up to 72 hours for application to be processed.

***Definition:*** Animal-related business means any for-profit person or business required to hold a business tax receipt that renders services to, for or by any domestic animal, excepting commercial agricultural operations and the offices or practices of State-certified and licensed veterinarians. Examples of animal-related businesses include, but are not limited to, boarding facilities, doggie day cares, groomers, pet shops, petting zoos, pony rides, stables, and training facilities.

## Check One:

Date of Application: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_ New Applicant (See Continued)

\_\_\_ Renewal of Permit #: \_\_\_\_\_

Owner of Business: \_\_\_\_\_

Business Owner Address: \_\_\_\_\_

Is residence used as an office?  Yes  No

Business Owner Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Name of Business: \_\_\_\_\_  Corporation  LLC  Partnership  Sole Proprietorship

Business Tax Receipt Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_  Same as above

Business Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Business Email: \_\_\_\_\_ Business Website: \_\_\_\_\_

Business Operation Hours: \_\_\_\_\_

Emergency after hours Contact Person: \_\_\_\_\_

Telephone Number(s) of Emergency Contact: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Nature of Business? (Check all that apply): **Permit fee is \$100 if only one service is rendered and \$50 for each additional service.**

Boarding Facility/Doggie Day Care  Groomer  Stable  Training Facility  Pet Shop  Other \_\_\_\_\_

UNDER PENALTIES OF PERJURY, I DECLARE THAT I READ THE FOREGOING DOCUMENT AND

\*Chapter 14 Article II Section 14-37 (10): The Director shall have the authority to deny, suspend or revoke a permit, as issued under this Section. The Director shall notify the permit holder of the denial, suspension, or revocation of the permit in writing. Any person who has been denied a permit or whose permit has been revoked or suspended may appeal this action in a court of competent jurisdiction within thirty calendar days from the date of notice.

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THE FACTS STATED IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Owner and/or representative of business) TITLE: \_\_\_\_\_

## New Applicants to complete:

**Carefully read and provide detailed and accurate answers to the following questions. Please provide a “yes” or a “no” response to all questions, attach additional sheets if you need more space. Failure to disclose pertinent information may result in denial of your application and/or delays. Note: A record of a conviction will not automatically disqualify an application.**

Have you ever Owned, Operated, and/or Managed an Animal-Related Business?  Yes  No **If Yes Please Explain**

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Have you ever pled guilty to or entered a plea of nolo contendere or a no contest plea to any violation of the law specifically related to an Animal-Related Business and Animal-Related Laws in a state, federal, or military court?..... Yes  No **If Yes Please Explain**

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Have you ever had a denied, suspended, restricted, or revoked business or professional license to include an Animal-Related business or professional license in Florida, or in any other state or federal law..... Yes  No **If Yes Please Explain**

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Have you ever been ordered to cease and desist and/or refrain from doing any act(s), or violating a law, rule, or regulation that would keep you from operating an Animal-Related Business?..... Yes  No **If Yes Please Explain**

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Are there any disciplinary actions pending against a business, professional, occupational license, certificate or permit that you hold?..... Yes  No **If Yes Please Explain**

UNDER PENALTIES OF PERJURY, I DECLARE THAT I READ THE FOREGOING DOCUMENT AND THE FACTS STATED IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner and/or representative of business) TITLE: \_\_\_\_\_

## For Office Use Only:

Business DOES COMPLY with the Collier County Code Enforcement minimum requirements.

Owner failed to provide the following:  Copy of Business License  Copy of Business Tax Receipt  
 Zoning Approval  Copy of Current Drivers License  Payment

Receipt # \_\_\_\_\_ Activity # \_\_\_\_\_

Permit # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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