

Please complete sections below legibly. Supplemental information may be required for completion of this form; fill out all corresponding sections as necessary. Please read this form in its entirety and include all additional documentation as required for processing.

<b>PART 1 – APPLICANT INFORMATION</b>				<input type="checkbox"/> Use as Primary Mailing Address
A. _____		B. _____		
First Name	Last Name	Date of Birth	Email Address	
C. _____			D. _____	
Mailing/Street Address	City	State	Zip Code	Area Code - Phone Number

<b>PART 2 – LICENSE &amp; PERMIT INFORMATION</b>
A. <b>Type of License or Permit</b>
<input type="checkbox"/> Dog/Cat (L-103)
<input type="checkbox"/> Kennel (L-103)

<b>PART 3 –DOG/CAT INFORMATION</b>
1. Dog <input type="checkbox"/> Cat <input type="checkbox"/>
Name: _____ Breed: _____ Sex: _____
Color(s): _____ Date of Birth: _____ Spay/Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Dog <input type="checkbox"/> Cat <input type="checkbox"/>
Name: _____ Breed: _____ Sex: _____
Color(s): _____ Date of Birth: _____ Spay/Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>PART 4 –DOG/CAT KENNEL SUPPLIMENT</b>
A. Type of Kennel: Dog <input type="checkbox"/> Cat <input type="checkbox"/> Both <input type="checkbox"/>
B. Number of Dogs (Maximum permitted is four (4), over four (4) months of age: _____
C. Number of Cats (Maximum permitted is six (6), over four (4) months of age: _____
D. Dog License #'s of dogs in kennel: _____
3. Dog <input type="checkbox"/> Cat <input type="checkbox"/>
Name: _____ Breed: _____ Sex: _____
Color(s): _____ Date of Birth: _____ Spay/Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Dog <input type="checkbox"/> Cat <input type="checkbox"/>
Name: _____ Breed: _____ Sex: _____
Color(s): _____ Date of Birth: _____ Spay/Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/>

**IMPORTANT:**

- Proof of current rabies vaccination is required for each dog/cat to complete the licensing process per GMC 6.08.170.
- If applicable, a spay/neuter certificate is required to support the license.

**DECLARATION**

*I have read and understand the provisions, rules and regulations of the City of Glendale, California and the Municipal Code governing the type of license or permit for which I am applying. I declare, under penalty of perjury, that all of the information contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation. Any false or dishonest answer to any section may be grounds for denial or subsequent revocation of license or permit. I understand that it is my responsibility to inform the City of Glendale of any changes to any information on this application or any attached forms or documents.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date