



CITY OF COEUR D'ALENE
 MUNICIPAL SERVICES DEPARTMENT
 710 EAST MULLAN AVENUE
 COEUR D'ALENE, ID 83814
 (208) 769-2229 or ksetters@cdaid.org

(Office Use Only)

Amount Paid _____
 Receipt No _____
 Date _____
 License No _____
 Date Temporary Issued _____
 Date License Issued _____ By _____

Approvals: See attached inspection form with results

KENNEL APPLICATION

Fee (\$40) – Expires Annually on December 31

Owner Name _____ Phone _____
 Business Name _____ Phone _____
 Business Address _____ City/State/Zip _____
 Mailing Address _____ City/State/Zip _____
 Email _____

KENNEL INFORMATION

Application is:

New Renewal

Type of License:

Commercial Non-Commercial Pet Shop

Type of Use:

Breeding Boarding Runs Outdoor Indoor
 Dog House Sheltered Runs Exposed Runs

How many animals to be housed? _____ Approximate Breed Type _____

Is your yard fenced? Y or N

Briefly describe the type of ventilation, cleaning, and disinfecting methods you use and how the food is stored and maintained.

Applicant Signature

Date