

TOWN OF BURKE

5365 Reiner Road, Madison, WI 53718 • (608) 825-8420 • TownofBurke.com

KENNEL LICENSE APPLICATION

FEES: \$100 (UP TO 12 DOGS) + \$20 EACH DOG (OVER 12)

Kennel licenses may only be issued for residential premises following a public hearing before the Town Board.

All dogs over five months of age must be immunized against rabies (proof required with application).

OWNER INFORMATION

OWNER NAME	PHONE
STREET ADDRESS	CITY/STATE/ZIP

KENNEL OPERATION

ADDRESS OF KENNEL:	CURRENT ZONING:	NEAREST RESIDENTIAL PROPERTY:
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DESCRIPTION OF OPERATION (breeding, boarding, etc.)

****Attach a drawing of the lot and proposed kennel area with application****

DOG #1 BREED:	RABIES EXPIRES:	DOG #2 BREED:	RABIES EXPIRES:
DOG #3 BREED:	RABIES EXPIRES:	DOG #4 BREED:	RABIES EXPIRES:
DOG #5 BREED:	RABIES EXPIRES:	DOG #6 BREED:	RABIES EXPIRES:
DOG #7 BREED:	RABIES EXPIRES:	DOG #8 BREED:	RABIES EXPIRES:
DOG #9 BREED:	RABIES EXPIRES:	DOG #10 BREED:	RABIES EXPIRES:
DOG #11 BREED:	RABIES EXPIRES:	DOG #12 BREED:	RABIES EXPIRES:
DOG #13 BREED:	RABIES EXPIRES:	DOG #14 BREED:	RABIES EXPIRES:
DOG #15 BREED:	RABIES EXPIRES:	DOG #16 BREED:	RABIES EXPIRES:
DOG #17 BREED:	RABIES EXPIRES:	DOG #18 BREED:	RABIES EXPIRES:
DOG #19 BREED:	RABIES EXPIRES:	DOG #20 BREED:	RABIES EXPIRES:

I hereby apply for a kennel license pursuant to WI Statute 174.053. By virtue of this application, I agree to an on-site inspection of premises where animals are kept by the local health officer or humane officer on an annual basis or whenever a complaint has been registered. I hereby certify information provided on this form is true and correct and have included certificates of rabies vaccination for each dog included on this kennel license.

APPLICANT SIGNATURE: _____ **DATE:** _____

OFFICE USE:

PUBLIC HEARING DATE:	KENNEL TAG #S ISSUED:	TAGS ISSUED BY (Clerk or Deputy):	DATE ISSUED:
KENNEL FEE:	ADDITIONAL DOG FEES:	TOTAL DUE:	PAYMENT TYPE: CASH / CARD / CHECK # _____