

Vermont Agency of Agriculture, Food & Mkts
Animal Health Section
116 State Street
Montpelier, Vermont 05620-2901
(802) 828-2421 FAX: (802) 828-5983

For office use only:
License No. _____
Date Rec'd. _____
Fee Rec'd. _____

Pet Merchant License Application

Business Name and Mailing Address: _____

Telephone No.: _____
FAX No.: _____
Owner: _____
Hours of Operation: _____

Location(s) where animals are maintained (If different than above)

Type of Operation: Breeder _____ Pet Shop _____ Dealer _____
Species of Animals Sold: _____

Sale of Dogs or Cats: Yes _____ No _____

License Fee: \$150.00 **License Period: April 1 through March 31**

PLEASE READ THIS SECTION PRIOR TO SIGNING APPLICATION FORM:

"I have received and understand the Animal Welfare Regulations and Sale of Dogs and Cats Regulations. I certify that, to the best of my knowledge and belief, I am in compliance with these regulations and agree to continue to comply with these regulations throughout the license period."

By signing this license you certify that you are in good standing with the requirements below. If you certify falsely that you are in good standing you may be subject to prosecution.

By law (32 V.S.A. Sec.3113), the state may not renew a license for business or trade unless the licensee certifies, under the pains and penalties of perjury, that he/she is in good standing with the Department of Taxes. The maximum penalties for perjury are fifteen (15) years in prison, a \$10,000 fine or both.

GOOD STANDING MEANS: That no taxes are due; the liability is on appeal; the license is complying with a State authorized payment plan; or the immediate payment would cause unreasonable hardship. (If you are claiming hardship, please contact the licensing agency for further information.)

For further information the licensee should contact the Department of Taxes at (802) 828-2518.

I hereby certify the above information is correct, and that under the pains and penalties of perjury that I am in good standing with respect to all taxes due the State of Vermont.

Date: _____ **Signature:** _____

Social Security or Federal I.D. Number (Required): _____