

**REQUEST TO OBTAIN GROOMING,
PET SHOP & KENNEL PERMIT**



Submit this form to Stillwater Animal Welfare Division, 1710 S Main.

Business Name: _____

Business Address: _____

Proprietor or Contact: _____

Title: _____

Contact or Business Phone Number(s): _____

Business Hours of Operation: _____

Date of Permit Request: _____

Date Business to Begin Operations: _____

(This line for Animal Welfare)

Appointment Date and Time to Inspect Facility: _____