

**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: \_\_\_\_\_