



CITY OF EASTPOINTE
RENEWAL APPLICATION FOR KENNEL PERMIT - \$20.00

Clerk's Office
 23200 Gratiot
 Eastpointe, MI 48021
 586-445-3661 #8

Date: _____

Name _____ Total # of Dogs Requested _____

Address _____

Phone #s _____

Reason/Circumstance for requesting Kennel Permit (check one)

Grandfathered In/Previous Kennel Approval

Fostering # _____ of dogs for

Name of Rescue _____

Phone/Contact _____

Pet Information

	<u>Dog's Name</u>	<u>Breed</u>	<u>Female</u>	<u>Male</u>	<u>Fixed</u>	<u>How long dog @ address</u>
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

No Kennel License will be issued until all dogs are neutered/spayed in such a manner that ensures that no further reproduction occurs.

The Clerk's Office can only license three (3) dogs until this request is approved by the Police Department. Once you receive your approval letter, the Clerk's Office can license the remainder of your dogs.

IF APPROVED – this application and approval expires March 1st of each year. Please reapply prior to March 1st.

Once your number of dogs decrease to only 3, you are not permitted to adopt any more pets. The City of Eastpointe's limit of 3 dogs will be in effect and apply to your household.

OFFICE USE ONLY

TO ACO: Date _____ Comp # _____.

ACO Investigation

1. Name _____

Address _____

Phone # _____

Concerns: _____

Approve/Denied

3. Name _____

Address _____

Phone # _____

Concerns: _____

Approve/Denied

2. Name _____

Address _____

Phone # _____

Concerns: _____

Approve/Denied

4. Name _____

Address _____

Phone # _____

Concerns: _____

Approve/Denied

Approved for # _____ of Dogs

Denied & Reason _____

Date _____

Additional Notes: _____

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DIRECTOR – DEPT. OF PUBLIC SAFETY

Approval Date & Signature _____

Denial Date & Signature _____

Additional Conditions _____
