



In accordance with 1974 PA 93, and 1969 PA 287, as amended.

Riding Stable/Pet Shop/Animal Shelter Application

License Year Ending: _____ License No Longer Needed
If Renewal, License No. of Establishment(s): _____

Business Information

Business Name: _____
Business Address: _____
City: _____ State: _____
County: _____ Zip: _____
Business Phone: (____) _____ Business Fax: (____) _____
Business Email: _____
Mailing address if different from above: Street or P.O. Box: _____

City: _____ State: _____ County: _____ Zip: _____

Blank Space
For Official Use Only

Corporate/Owner Information (An assumed name certificate must accompany this application if applicable.)

Ownership Type: Corporation Sole Ownership Partnership L.L.C. Other: Specify _____
Corporation Name: _____
Owner/President (CEO) Name: _____
Street Address of Corporation or Owner: _____
City: _____ State: _____ County: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____ Email: _____
Emergency Contact: (____) _____ Cell Phone: (____) _____

Federal/Tax ID #

License Fees (Please indicate all that apply)

Animal Shelter <input type="checkbox"/> Animal Protection Shelter* <input type="checkbox"/> Animal Control Shelter** No Fee	Pet Shop <input type="checkbox"/> New: \$200 <input type="checkbox"/> Renewal: \$100 AOBJ: 0109	Riding Stable <input type="checkbox"/> New: \$100 <input type="checkbox"/> Renewal: \$50 AOBJ: 0216	Payment Method: Check/Money Order No. _____ Amount enclosed: _____
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Please make check/money order payable to the State of Michigan and submit to the address at the top of the page.

I hereby certify that the statements given above are true and correct to the best of my knowledge. I agree to comply with the provisions of 1974 PA 93, to operate a Riding Stable and/or 1969 PA 287, to operate a Pet Shop or Animal Shelter, and Department of Agriculture regulations made pursuant thereto, and to make such records available to the Director of Agriculture, or a department representative, on demand.

Signature: _____ Date: _____

Please print your name here: _____

Title: _____

Application continues
on the back of this form

* Application must be signed by the President of the animal welfare society

** Application must be signed by Chairman of the Board of Commissioners, City Manager, or Mayor www.michigan.gov/mda-licensing

Veterinarian Information

Hospital Name: _____

Veterinarian Name(s): _____

Hospital Address: _____

City: _____ State: _____ County: _____ Zip: _____

Business Phone: (____) _____