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____ New Application
____ Renewal

**CITY OF MOLINE
APPLICATION FOR ANIMAL DEALER LICENSE
Annual Fee \$ 50.00**

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE #: _____

RESIDENCE ADDRESS: _____

RESIDENCE TELEPHONE: _____

RESIDENCE E-MAIL: _____

Type of Business: _____ **Pet Shop** _____ **Kennel** _____ **Animal Shelter** _____
_____ **Other** _____

Please Explain

Please state the Purpose for which you intend to use the premises (please be specific as To what type of animals will be located on the premises, the lay out of the/floor plan Of the premises, the services offered at the premises, etc.

SIGNED; _____ **DATE;** _____

Approved by:

_____ Date _____

Community Service Officer, Police Department

REVIEW PROCESS:

Zoning Manager:

Date:

Remittance: Make checks payable and remit to:

City of Moline
Finance Office
1630 8th Avenue
Moline, IL 61265