

**Exhibit C Lake County
Code Chapter ~~127~~ section B**

172 ~~xxx~~

(B) *Multiple Pet Permits.* On parcels larger than one and one-half acres, and subject to zoning and/or use restrictions on the property, the Health Officer may approve a Multiple Pet Permit, allowing the holder of the permit to own, keep, or harbor five or more dogs and five or more cats of an age greater than six months in any individual residence on the property, providing the owning, keeping or harboring of these animals does not meet the requirements for a license in accordance with the Illinois Animal Welfare Act.

(1) *Applications.* Applications by individuals for Multiple Pet Permits shall be made to the Health Officer on forms provided by the Lake County Health Department, and shall be accompanied by the required fee as set by the current fee schedule adopted by the County Board as codified in § [178.01](#).

(2) *Application Conditions.* The application for a Multiple Pet Permit shall contain information that indicates the following:

(a) A minimum distance of 150 feet is maintained from pet related dwellings, structures or enclosures (homes, sheds, dog houses, dog runs, barns, lean-tos) to dwellings other than those of the applicant.

(b) The number of dogs and/or cats proposed to be covered under the Multiple Pet Permit, along with the name and a description of each pet.

(c) Proof of current rabies inoculation and registration for each pet four months of age or older.

(3) *Inspections.* The Health Officer shall annually inspect the premises where the multiple pets are kept or harbored to determine the number of permitted pets, and for sanitary conditions, proper ventilation, adequate nutrition, humane care and treatment, including required rabies vaccinations and registrations for all dogs and/or cats.

(4) *Term of permit.* Each Multiple Pet Permit shall be valid for the term of one calendar year, and shall expire on December 31 of each year. When a permit is issued during a calendar year, the permit shall be valid for the duration of that calendar year.

(5) *Conditions to revoke, refuse to issue or renew a permit.* The Health Officer may revoke, refuse to issue or renew a Multiple Pet Permit when the applicant or permit holder:

(a) Makes a material misstatement in the application for original permit or in the application for any renewal permit;

(b) Does not abide by the conditions of the permit, including exceeding the number of permitted pets, violates other provisions of this chapter or any other applicable Lake County ordinance or regulation, or has a prior history of violation of this chapter;

(c) Willfully aids or abets another in the violation of this chapter;

(d) Allows his or her permit to be used by another person;

(e) Refuses to allow the Health Officer to conduct the required annual inspection.

(6) *Exemptions.* Licensed kennel operators, pounds/catteries, animal shelters, pet shop operators and dog/cat dealers, as defined in the Illinois Animal Welfare Act are exempt from this section.



Illinois Department of Agriculture

Bureau of Animal Health and Welfare

State Fairgrounds • P.O. Box 19281 • Springfield, IL 62794-9281 • 217/782-6657 • TTY 866/287-2999 • Fax 217/558-6033

Dear Prospective Licensee:

Below is an application for licensure necessary to comply with the Illinois Animal Welfare Act. **This application cannot be used to renew a license and will not be processed if used for that purpose.** Prior to completing the application, please be aware of the various license types and select the type which best describe your business. **A separate application must be completed for each license type you are requesting.**

Please be advised that the Bureau no longer issues foster home permits. Foster home permits are issued through affiliating by formal written agreement with an animal shelter or animal control facility for which that person will operate the foster home.

Please complete the application for each license type in detail and return with the required initial license fee(s) to this office. **Please be advised that your facility must be in compliance for licensure within 60 days of receipt of your application in this office to avoid forfeiture of your license fee(s) and the requirement to resubmit another application with an additional license fee(s).** Upon receipt, Department personnel will be contacting you to conduct a preliminary inspection and answer any questions you might have regarding the Act and its requirements as a prerequisite to final processing and issuance of your license(s). The license(s) will expire annually on June 30.

We appreciate your cooperation with the Department during the licensing process. Please do not hesitate to contact this office if you have further questions or concerns or if we may be of service to you and your business.

Thank you.

Bureau of Animal Health & Welfare
Illinois Department of Agriculture

This page intentionally left blank

**ILLINOIS DEPARTMENT OF AGRICULTURE
Bureau of Animal Health and Welfare**

Form AW-1

(Circle only one category)

APPLICATION FOR ILLINOIS LICENSE TO
OPERATE AS:

BUREAU USE ONLY

Approved by: _____
Date License Issued: _____
License No. _____ Code _____
County No. _____

	<u>Code</u>
Pet Shop Operator	1
Cat Breeder	2
Dog Breeder	3
Dog Dealer	4
Kennel Operator	5
Animal Control Facility	6
Animal Shelter	7
Day Care Operator	8
Guard Dog Service	9
Horse Rescue	10

No person shall engage in business as a pet shop operator, dog dealer, kennel operator, day care operator, dog breeder, or cat breeder or operate a guard dog service, an animal control facility, or animal shelter, in this State without a license therefor issued by the Department. If one business conducts more than one such operation, each operation shall be licensed separately.

I hereby apply for a license to operate as one of the above designated businesses in accordance with the Animal Welfare Act, (225 ILCS 605/), and its Rules (8Ill. Adm. Code 25).

(Please Print)

1. Name of Operation _____

Address _____ City _____

Zip Code _____ County _____ Business Phone (____) _____

2. Ownership: (underline one) Corporation Partnership Individual

<p>NON-PROFIT VERIFICATION: All animal shelters and animal rescues must provide verification of non-profit status. No license will be issued without status verification. Methods of verification may include the following:</p> <ul style="list-style-type: none"> • EIN used for 501c3 registration: _____ • Non-profit corporation file number from the Secretary of State: _____ • A copy of a "Certificate of Good Standing" issued by the Secretary of State • A copy of the shelter or rescue's charter for nationally recognized organizations <p>No animal shelter license will be issued without non-profit status verification.</p>

3. List below owner(s) name and present residence. If a partnership, name and present residence of each partner. If a corporation, name and address of each director and officer and/or other person authorized to represent or act for the above designated ownership. If a municipality or humane society, name and address of person(s) in charge of operation.

4. Are all persons listed under "3" above citizens of the United States of America? _____

(If not, state citizenship) _____

5. Business name and address of all branch locations, if any: _____

6. Previous business connections or experience relating to any of the aforementioned license categories: _____

7. Bank reference: _____
8. Name and address of two (2) professional or business references:
1. _____
2. _____
9. Has any license of the applicant(s) under this Act or any federal, state, county, or local law, ordinance or regulation, relating to dealing in, or handling of dogs, cats, birds, fish, reptiles, or other animals customarily obtained as pets in this State, ever been suspended or revoked? _____
(If so, please explain): _____

10. Has applicant ever been convicted of a felony? _____
11. If a foreign corporation, partnership, or individual, are you authorized by the Secretary of State to do business in the State of Illinois? _____
12. Hours and days per week animals are offered for sale, exchange, or adoption: _____

13. Does applicant, in addition to dogs, cats, birds, fish, or reptiles, offer any other animals for sale, trade or adoption? _____
(If answer is "yes", please name) _____

BUILDINGS AND PREMISES

14. Describe buildings and premises where applicant intends to conduct operation (dimensions, type of flooring, roofing, and size of different rooms):

15. Number of cages, pens, and/or aquariums on the premises:

16. Average number of dogs, cats, birds, fish, or reptiles on hand:

17. Describe storage and disposal of waste materials and dead animals (schedule of pick-up service and by whom): _____

18. What control measures are taken to prevent infestation of animals and premises with external parasites and vermin? _____

19. What precautions are taken for the isolation of diseased animals to avoid exposure to healthy and salable animals? _____

20. How often are cages, runs, and tanks cleaned and disinfected when in current use? _____

21. Describe heating and ventilation system in kennel area: _____

GENERAL CARE OF ANIMALS

22. Specify days attendant is on duty to care for animals: _____

23. Specify hours attendant is on duty: _____

ANIMALS IN TRANSIT

24. Method of handling animals in transit in relation to feeding, watering, freedom of movement, type of conveyance, heat and ventilation, disinfecting, and sanitary measures. (describe in detail) _____

HEALTH OF ANIMALS AT TIME OF RELEASE

25. What precautions are taken to assure that each animal for sale or release is healthy and free from any infection or disease? (explain) _____

26. When are the services of a veterinarian used? _____

27. Name and address of your veterinarian or veterinarians: _____

28. If animals are accompanied by guarantee, explain provisions of guarantee: _____

29. What procedure is used to satisfy complaints? _____

RECORDS

30. Is a record of all purchases with description of animals maintained for a minimum of twelve (12) months? YES _____ NO _____

31. Are all out-of-state animals accompanied by an official health certificate? YES _____ NO _____

32. Is a record of each retail sale maintained by the applicant for a period of twelve (12) months after date of sale or transfer of animals?
YES _____ NO _____

33. Does the sale invoice given to the customer identify the animal, and show immunizations and medications administered?

YES _____ NO _____

KENNEL OPERATORS ONLY

34. All kennel operators that maintain dogs or cats for boarding must be in compliance with 225 ILCS 605/18.2 (Fire Alarm System), and 8 Ill. Adm. Code 25.145. Compliance can be satisfied by an affirmative answer and submission of required documentation to one of the following:
- a.) There is at least one fire alarm system or fire sprinkler system in operating condition in every building of the kennel that is used for the housing of animals. **If yes, include with the application a description and picture of the make and model of the system used.**
YES_____ NO_____
 - b.) The kennel is staffed at all times dogs or cats are on the premises. **If yes, include with the application a staffing plan.**
YES_____ NO_____

ALL APPLICANTS

35. Applicant irrevocably consents that actions against him for alleged violations of this Act may be filed in any appropriate court of any county or municipality of Illinois in which the plaintiff resides or in which some part of the transaction occurred out of which the alleged cause of action arose, and that process in any action may be served on the applicant by leaving 2 copies thereof with the Director of Agriculture of the State of Illinois, who shall forthwith send one copy by registered mail to the applicant at the address shown on this application. Applicant stipulates and agrees that such service of process shall be taken and held to be valid and binding for all purposes relating to such alleged violations.

By virtue of signing this application, the applicant grants permission to authorized employees of the Department of Agriculture to inspect the licensed premises during reasonable business hours or at other times deemed necessary by the Department to enforce the laws of the State of Illinois.

SIGNED _____

Applicant(s)

PLEASE DO NOT SEND CASH: Application to be accompanied by the \$350 fee for each license of any classification. All license fees are non-refundable. Check or money order to be made payable to the Illinois Department of Agriculture, State Fairgrounds, P.O. Box 19281, Springfield, Illinois 62794-9281.

Animal Welfare License Application **Required Information**

Pursuant to the Illinois Administrative Procedures Act, 5 ILCS 100/10-65, and the federal Child Support Act 42 U.S.C.A. 666, an applicant's social security number is required to be recorded on an application or a renewal application for a license. A license is defined in the law as any "permit" certificate, approval, registration, charter, or similar form of permission". However, if the applicant is a business entity that utilizes a Federal Employer Identification Number, then no social security number is required on the application to comply with the child support laws.

Moreover, Section 10-65(c) of the Administrative Procedures Act requires the following: "Each agency shall require the licensee to certify on the application form, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Every application shall state that failure to so certify shall result in disciplinary action, and that making a false statement may subject the licensee to contempt of court." However, if the applicant is a business entity that utilizes a Federal Employer Identification Number, then such entity is not required to make the certifications.

In order for the Animal Welfare license application to be processed, the following information must be provided:

Name _____

Are you more than 30 days delinquent in complying with a child support order? Yes No
(NOTE: if you are not subject to a child support order, answer "no".)

FEIN or Social Security Number _____

Signature _____

Applications will not be processed without this information. Please return this form with your completed application.