

**IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP**

*Animal Welfare Bureau*  
(515) 281-8601  
(515) 281-6358

*Wallace State Office Building*  
502 East 9<sup>th</sup> Street  
Des Moines, IA 50319

**APPLICATION TO OPERATE IN IOWA AS  
LICENSED ANIMAL WELFARE FACILITY:  
Application Fees are Non-Refundable**

<input type="checkbox"/> Commercial Breeder	\$ 175.00	<input type="checkbox"/> Commercial Kennel (Grooming, Boarding, Training)	\$175.00
<input type="checkbox"/> Pet Shop	175.00	<input type="checkbox"/> Public Auction	175.00
<input type="checkbox"/> Boarding Kennel	175.00	<input type="checkbox"/> Animal Shelter	75.00
<input type="checkbox"/> Dealer	175.00	<input type="checkbox"/> Pound	75.00
<input type="checkbox"/> Research Facility (NOT federally licensed)	75.00		

No person shall operate a business in one of the above categories without a license or certificate of registration issued by the Iowa Department of Agriculture & Land Stewardship. (Section 162.13, Code of Iowa.) The applicant shall make request for licensing in each of the categories checked above in which he is doing business. The fee shall be the total of the individual fees of business categories for which the license application is being made.

A "Commercial Breeder" is a person, engaged in the business of breeding dogs or cats, who sells, exchanges, or leases dogs or cats in return for consideration, or who offers to do so. A person who owns or harbors three or less breeding males or females is not a Commercial Breeder.

Owners or their appointed agents must be present to allow inspection of facilities by personnel of the Department during normal business hours. It is incumbent upon the owner or appointed agent to provide information as to how they can be reached for the inspection during business hours.

**Some municipalities require proper zoning for commercially licensed businesses. It is the applicant's responsibility to comply with all local, state and federal laws. Please check with local authorities.**

Name of Business: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_ Section: \_\_\_\_\_

Directions to business location (if rural): \_\_\_\_\_

Owner(s) Name(s): \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mailing Address (if different from business address): \_\_\_\_\_

Type of Ownership: \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Individual \_\_\_ Other \_\_\_\_\_

Taxpayer Identification Number (EIN or SSN) **REQUIRED**: \_\_\_\_\_

**\*This is the number assigned to you or your business by the IRS\***

**\*THIS WILL REMAIN CONFIDENTIAL.\***

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1. Have you ever been convicted of animal abuse or neglect? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you ever had a license revoked by the federal, state or local government to breed, care for or sell animals? Yes \_\_\_ No\_\_
3. In the past 10 years, have you ever been convicted of a felony in this or any other state? Yes \_\_\_ No\_\_

Proposed opening date of facility: \_\_\_\_\_

Inspection time most convenient Monday through Friday (9:00 AM – 3:00 PM): Day(s) \_\_\_\_\_ Hours \_\_\_\_\_

How many animals on the average are maintained in the total housing facilities? Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_

Rabbits & Rodents: \_\_\_\_\_ Birds: \_\_\_\_\_ Reptiles: \_\_\_\_\_ Other Vertebrates: \_\_\_\_\_

Describe premises and housing facilities (size of area, building dimensions, type of materials in construction, interior finishing, exercise areas, number of housing facilities):

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How are animal wastes disposed of from housing facilities and exercise areas?

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Do you have isolation facilities for ill or diseased animals? \_\_\_\_\_

Describe briefly your vermin control program (insects, rodents, etc.): \_\_\_\_\_

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Describe briefly cleaning and sanitizing procedures: \_\_\_\_\_

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Describe briefly immunization & preventative medication procedures used in preventing diseases & parasite infestations:

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Describe briefly how animals are transported to and from your facilities (enclosures used, care in transit):

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Do you make records of all animals transferred to and from your housing facilities? \_\_\_\_\_

What other records are kept? \_\_\_\_\_

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

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

***License or registration fees shall accompany application. Make checks or money orders payable to IDALS (Iowa Department of Agriculture & Land Stewardship).***

***Mail to: Iowa Department of Agriculture & Land Stewardship  
Animal Welfare Bureau  
Wallace State Office Bldg.  
502 East 9<sup>th</sup> Street  
Des Moines, IA 50319***