



**HARFORD COUNTY GOVERNMENT**  
 Department of Inspections, Licenses and Permits  
 220 South Main Street  
 Bel Air, Maryland 21014  
 410-638-3122

<b>FOR OFFICE USE ONLY</b>	
License No.	_____
Application Date	_____
Expiration Date	_____
License Fee \$	_____
New _____	Renewal _____

**PET SHOP-GROOMING LICENSE APPLICATION**

**APPLICANT INFORMATION**

Name: (First)	(Middle)	(Last)
Phone:	Mobile Phone:	
Address:		
City:	State:	ZIP Code:
Email:		

**BUSINESS INFORMATION**

Business Name:			
Business Type <i>(please circle one)</i> :	Corporation	LLC	Non-Profit    Sole Proprietor
Type of License <i>(please circle)</i> :	Pet Shop Fee \$100.00	Grooming Fee \$100.00	Pet Shop/Grooming Fee \$150.00
Address:			
City:	State:	ZIP Code:	
Phone:	Website:		
Email:			

**MAILING ADDRESS**

Address:		
City:	State:	ZIP Code:

**Please attach a copy of the Zoning Certificate and or Use and Occupancy Certificate for your business.**

In consideration of the granting of this license, I agree that I will conform to and abide by all the rules and regulations of the office of Department of Inspections, Licenses and Permits, and in accordance with Harford County code, Chapter 64, as amended.

I understand that if I knowingly make a misrepresentation or false statement on this application, I am guilty of a misdemeanor and, upon conviction, may be subject to a fine not exceeding One Thousand Dollars (\$1,000.00) or imprisonment not exceeding ninety (90) calendar days or both, as defined in Chapter 1, Article 1-22, of the Harford County Code.

\_\_\_\_\_  
 Applicant's Signature \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name