



Michigan Department of Agriculture and Rural Development

P.O. Box 30776, Lansing, MI 48909-8276 ~ 517-284-5769

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: _____
Business Phone: (____) _____ Business Fax: (____) _____
Business Email: _____
Mailing Address (If Different From Above): _____
City: _____ State: _____
County: _____ Zip: _____

BLANK SPACE INTENTIONALLY LEFT FOR OFFICE 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
 Animal Protection Shelter*
 Animal Control Shelter**
~ NO FEE ~

PET SHOP
 New: \$200
 Renewal: \$100
AOBJ: 0109

RIDING STABLES
 New: \$100
 Renewal: \$50
AOBJ: 0216

Payment Method:
Check/Money Order No. _____
Amount Enclosed: \$ _____

Please make check/money order payable to: The State Of Michigan. Submit Payments to the address at top of form.

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 must be signed by the President of the Animal Welfare Society
** Application must be signed by the Chairman of the Board of Commissioners, City Manager, or Mayor

Veterinarian Information:

www.michigan.gov/mda-licensing

Hospital Name: _____
Veterinarian Name(s): _____
Hospital Address: _____
City: _____ State: _____ County: _____ Zip: _____
Business Phone: (____) _____