



Department of Agriculture

Governor John R. Kasich • Lt. Governor Mary Taylor
Director David T. Daniels

Division of Animal Health
Commercial Dog Breeders Office
8995 East Main Street, Reynoldsburg, OH 43068
Phone: 614-728-6220 • Fax: 614-752-3065
www.agri.ohio.gov • dwa.cdb@agri.ohio.gov

Application for High Volume Breeder Permit

New Applicant Renewal

Name of Applicant to be licensed:
Doing business as:

REQUIRED Date of Birth of Applicant:

Type of Organization: Individual Partnership LLC Corporation Other (specify)
Mailing Address: City: State: Zip: County:
Holding Facility Address: City: State: Zip: County:
(if different than mailing address where animal will be held)
Telephone No.: Fax No.: Cell Phone No. Email:
TIN/Vendor Number, as applicable (Organizations only):
State of Incorporation and Date of Incorporation (Organizations only):

How many puppies does the applicant expect to keep, house, and maintain during the year?
How many litters of puppies does the applicant expect to produce during the year?
How many puppies and/or dogs does the applicant expect to sell during the year?
* Please attach an affidavit of the number of adult dogs that are kept, housed, and maintained by applicant.

Check the proof of financial responsibility listed below, either a bond or liability insurance, to be adopted by the applicant:
(a) A bond subject to the approval of the Director that covers claims to ensure compliance with ORC 956.01, et seq., and OAC rules; or
(*Please attach a copy of the Certification of Bond from the providing company*)
(b) Liability Insurance that covers compliance with O.R.C. 956.01 et seq. and OAC rules. (*Please attach a copy of the Certification of Insurance from the providing company*)

Any financial responsibility adopted by the applicant must be in the following amounts:
(i) \$5,000 face value if applicant possesses 25 or less adult dogs;
(ii) \$10,000 face value if applicant possesses 26 – 50 adult dogs;
(iii) \$50,000 face value if applicant possesses 50 or more adult dogs.

Has any applicant on this application ever been convicted of a felony, or any crime related to cruelty to animals or prohibitions concerning companion animals? *Include signed background check disclosure and release*
Yes No

Veterinarian (Do not list clinic, veterinarian must be named individually)
Veterinarian to be approved: Alternate Veterinarian:
Phone No.: Phone No.:
Address: Address:
Date Veterinarian last saw dogs and/or puppies:

Is applicant currently in compliance with the housing and care standards established in the Ohio Administrative Code?
Yes No
If yes, please attach affidavit that facility is and will continue to be maintained in compliance with the standards and photographic evidence of facility where dogs are held, kept and maintained by applicant. Applicant will be subject to an inspection to confirm

FOR OFFICE USE ONLY
DATE RECEIVED STAMP

** This application and any other documents provided by applicant will constitute a public record and thus may be publicly available to anyone who requests it. **



For renewal applications, is applicant currently in compliance with payment of required sales tax established in the Ohio Revised Code 5739?

Yes No

The foregoing statements concerning the possession of adult dogs and production of litters of puppies of applicant are, to the best of my knowledge and belief of the applicant, true and correct. I (we) agree to keep records for the duration of the permit and any renewals thereof, and for one year after expiration of the permit and any renewals, of the number of adult dogs in possession, and the number of litters and total puppies produced during the calendar year as provided above, and copies of all documentation submitted to the Ohio Department of Agriculture. I (we) also agree to permit the Ohio Department of Agriculture, or any of its authorized agents, to inspect my (our) records at any time pursuant to section 965.10 of the Ohio Revised Code.

Date application made: _____	Approved _____
Signature of the applicant or one authorized to sign _____	Check # _____
	Date of Check _____
	Amount of Check _____
	HVB Permit No. _____

Fees:

For 9 to 15 litters of puppies sold annually.....	\$150.00 per annum
For 16 to 25 litters of puppies sold annually.....	\$250.00 per annum
For 26 to 35 litters of puppies sold annually.....	\$350.00 per annum
For 36 to 45 litters of puppies sold annually.....	\$500.00 per annum
For 46 or more litters of puppies sold annually.....	\$750.00 per annum

PAYMENT REQUIRED: TOTAL AMOUNT MUST BE ENCLOSED TO COVER THE FEE ABOVE PAYABLE TO THE OHIO DEPARTMENT OF AGRICULTURE, CHECK OR MONEY ORDER ONLY

Mail completed form to:

**Ohio Department of Agriculture
Division of Animal Health
Commercial Dog Breeders Office
8995 East Main Street
Reynoldsburg, Ohio 43068**

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Background Check Disclosure, Authorization and Release for High Volume Breeder Permit

Section I: Disclosure

This form, which you should read carefully, has been provided to you because the Ohio Department of Agriculture may request investigative reports on you from various public and private reporting agencies. The Ohio Department of Agriculture will use any such report(s) solely for a determination on whether to grant a high volume breeder permit.

Investigative reports may be obtained from a background check vendor and/or public agencies and provided to the Ohio Department of Agriculture. The types of information that may be obtained include but are not limited to: Social Security Number verification, criminal record checks, public court record checks, etc. Any such reports are public records under Ohio's public records laws unless specifically exempt from disclosure.

Section II: Authorization and Release

I have carefully read and understand this Disclosure, Authorization and Release form. By my signature below, I consent to the release of investigative reports to the Ohio Department of Agriculture in conjunction with my application for a High Volume Breeder license. I also authorize disclosure to the Ohio Department of Agriculture and/or the background check vendor of information concerning my criminal history and all other information the Ohio Department of Agriculture deems pertinent by any individual, corporation or other private or public entity, including without limitation the following: law enforcement agencies; federal, state and local courts; and other applicable sources. I hereby release and hold the vendor and the Ohio Department of Agriculture and its employees and appointees harmless from any and all liability with respect to the investigations, verifications, and/or the use of any information relevant to my permit/license application.

I understand that if I am approved for a permit/license, my consent will apply throughout the term of my permit/license to the extent permitted by law.

This Disclosure, Authorization and Release form, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by the Ohio Department of Agriculture.

I understand that providing any false information or omitting any material information on my application for High Volume Breeder permit/license may be sufficient grounds for rejection of the application or termination of the permit/license whenever discovered.

Printed Name: _____

Signature: _____

Date Signed: _____

