



Application for Rescue Facility Permit

New Applicant

Name of Applicant to be licensed: _____

Doing business as: _____

SSN or TIN, as applicable: _____

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: _____

Date of Birth of Applicant, and Date of Incorporation if Entity: _____ / _____

State of Incorporation if Entity: _____

*Description of Wild Animals in Applicant's Possession**

1. Scientific Name		Common Name		Given Name	
Sex	Age	Color	Weight	Distinguishing Marks	Microchip ID Number & Frequency

2. Scientific Name		Common Name		Given Name	
Sex	Age	Color	Weight	Distinguishing Marks	Microchip ID Number & Frequency

3. Scientific Name		Common Name		Given Name	
Sex	Age	Color	Weight	Distinguishing Marks	Microchip ID Number & Frequency

*Please use additional sheets if needed.

Has any applicant on this application ever been convicted of a felony, or any crime related to cruelty to animals, escape of dangerous animals, or prohibitions concerning companion animals?

Yes No

Veterinarian: _____
Phone No.: _____

Alternate Veterinarian: _____
Phone No.: _____

Does the applicant have a written plan of action if one of the dangerous wild animals listed escapes, and if so, has the plan of action been submitted to the sheriff of the county where the animals are held, and the chief law enforcement officer and fire chief of the township or municipal corporation where the animals are held?

Yes No

Please attach a copy of the written plan of action in the event of escape and proof of receipt



Has the applicant previously registered the above animals with the Ohio Department of Agriculture?

Yes No

Has the applicant sterilized each animal?

Yes No

If the applicant has not sterilized each animal, is the applicant claiming an exception due to medical necessity as proscribed by the applicant's veterinarian?

Yes No Not applicable. *Please provide a copy of the veterinarian's written determination*

Will applicant have any employee(s) working on their behalf?

Yes No *If yes, please fill out an E-1 form and submit with application*

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. Applicant will be subject to an inspection to confirm*

Does applicant intend to permit the public to have physical contact with the dangerous wild animals?

Yes No *If no, please attach affidavit attesting that the public will not have contact*

Is applicant a tax exempt entity with the IRS?

Yes No *If yes, please attach proof of tax exempt status*

The foregoing statements concerning the possession of dangerous wild animals 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 plus one year after permit expiration of a description of the animal and other characteristics as provided above, including the name and address of each person from whom I (we) acquire an animal and to who the animal was disposed or escaped. 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 935.15 of the Ohio Revised Code.

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

Fees:

For 3 dangerous wild animals or less.....	\$ 500.00 per annum
For 4 – 15 dangerous wild animals.....	\$1,000.00 per annum
For 16 or more dangerous wild animals.....	\$2,000.00 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
Dangerous Wild Animal Office
8995 East Main Street
Reynoldsburg, Ohio 43068**

