

DENNIS J YORK

SHELBY COUNTY AUDITOR

129 EAST COURT STREET
SIDNEY, OHIO 45365

OFFICE HOURS
8:30 AM - 4:30 PM,
MON. - THURS.
8:30 AM - NOON, FRI.
(937) 498-7202

INSTRUCTIONS FOR SHELBY COUNTY KENNEL LICENSES:

IT'S THE LAW (ORC 955.02)

A kennel owner is a person, partnership, firm, company, or corporation professionally engaged in the business of breeding dogs for hunting or for sale.

Kennel tags can **ONLY** be purchased at the Shelby County Animal Shelter.

Location: 1100 Clem Rd, Sidney

Hours: Monday - Friday 9:00 AM to 5:00 PM

Phone: 937-498-7201

INSTRUCTIONS

1. Complete this form. Be sure the correct kennel owner and street address appear on all applications.
2. List the breeds kept, along with the number of males and females over 3 months of age for each breed.
3. Payment may be made by check or money order for the correct fees payable to: **Shelby County Auditor**. **Before January 31**, licensing rate is **\$60.00 for the first 5 tags and \$1.00 for each additional tag**. **After January 31**, statutory late penalty increases the licensing rate to **\$120.00 for the first 5 tags**. Your application cannot be processed without the correct fees.
4. Please bring this form when purchasing tags.

Certificate of registration and registration tags shall be valid only during the CALENDAR year IN which they are issued, AND DURING THE FIRST THIRTY-ONE DAYS OF THE FOLLOWING CALENDAR YEAR. ORC Sec 955.09.

----- TEAR HERE -----

APPLICATION for the registration of kennel for the year 2012

DENNIS J YORK, Shelby County Auditor
129 EAST COURT STREET, SIDNEY, OHIO 45365

Breeds Kept	# Males	# Females

License	# Tags	Fee paid	Penalty	Total
Kennel License	---5---	\$60.00		
Add'l Tags (optional)		\$1.00		

A penalty in an amount equal to the registration fee shall be assessed if Kennel License is not secured on or before January 31, or within 30 days after the person becomes the owner of such kennel. ORC Sec 955.04, 05.

Owner Information

Name: _____

Street Address: _____

Mailing Address: _____
if different(e.g. P.O. Box)

City: _____ State: _____ ZipCode: _____

The undersigned says that the facts indicated above ARE TRUE

Signature of Applicant _____

Date Signed _____

Phone # _____ Email _____

Deputy or Agent _____