



**Public Health**  
Prevent. Promote. Protect.  
Fargo Cass Public Health

**FARGO CASS PUBLIC HEALTH**

1240 25<sup>th</sup> Street South  
Fargo, North Dakota 58103-2367  
(701) 476-6729

**PET STORE LICENSE APPLICATION**

NAME OF ESTABLISHMENT \_\_\_\_\_

ESTABLISHMENT ADDRESS \_\_\_\_\_

OWNER/OPERATOR \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Annual License Fee .....\$100.00**

Fees are payable prior to January 1<sup>st</sup> of each year and are effective through December 31<sup>st</sup>

The undersigned is familiar with the "Requirements for Pet Stores" and further attests the facility for which application is made will be operated in compliance with ordinances and the above-mentioned document.

Date \_\_\_\_\_ Signature \_\_\_\_\_

*(Please do not write below this line)*

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The foregoing application is hereby approved and it is recommended that a license be issued, subject to the following provisions:

\_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
(EHP or REHS)