

GUIDE TO KENNEL LICENSES

A license must be obtained before operating a Kennel. Pursuant to State Law, a kennel is:

“one pack of collection of dogs on a single premises, whether maintained for breeding, boarding, sale, training, hunting or other purposes and including any shop where dogs are on sale, and also including every pack or collection of more than three dogs three months old or over owned or kept by a person on a single premises irrespective of the purpose for which they are maintained (MGL c. 140 s. 136A).

Licensure is valid from the date of the license through the following March 31. Contact the City Clerk (617 625-6600 x4100) if you have any questions about the application process. The application fee is \$40 per dog (using the total number of dogs over 3 months old to be kept).

To complete the application:

1. Fill in the Kennel License Application. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers' Compensation Insurance Affidavit.
2. For new applicants or applicants adding dogs, contact the Inspectional Services Department to arrange a sign-off on the Application (617 625-6600 x5600).
3. For new applicants or applicants adding dogs, contact the Animal Control Officer to arrange a sign-off on the Application (617 625-6600 x2190).
4. Proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:

Treasury	Monday–Wednesday, 8:30 AM – 4:00 PM
93 Highland Avenue (City Hall)	Thursday, 8:30 AM – 7:00 PM
617 625-6600 x3500	Friday, 8:30 AM – 12:00 PM
5. Submit the application to the City Clerk's Office, 93 Highland Avenue, 617 625-6600 x4100. Include payment of the fee (cash or check made payable to City of Somerville). Allow at least one week for processing.

KENNEL LICENSE APPLICATION

Application Fee \$40 per dog

Date _____

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid _____

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business Name: _____ Phone: _____

Business DBA Name (if applicable): _____

Address with Zip Code: _____

Tax Identification Number: _____ Check one: SSN FEIN

Mailing Name (where we should send correspondence to): _____

Address with Zip Code: _____

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

Total number of dogs over 3 months old to be kept_____

Average number of dogs at any given time_____

Average length of stay per dog, if short-term (for sale, boarding, etc.)_____

Hours the kennel will be supervised or attended_____

-
1. On the kennel premises, will dogs be bred? Y ___ N ___
 2. On the kennel premises, will dogs be given veterinary treatment? Y ___ N ___
 3. On the kennel premises, will dogs be sold? Y ___ N ___
 4. On the kennel premises, will dogs be boarded? Y ___ N ___
 5. On the kennel premises, will dogs be trained? Y ___ N ___
 6. On the kennel premises, will dogs be kept as pets? Y ___ N ___
 7. On the kennel premises, will dogs be kept for other purposes? Describe: Y ___ N ___

Square footage of yard on the premises to be occupied by dogs_____

Describe all fences, shelters, runs or other structures on premises to be occupied by dogs, and whether the structures now exist or are proposed_____

Describe where the dogs will be sheltered_____

Does this shelter have heat? Y ___ N ___

Does this shelter have running water? Y ___ N ___

Individual dog information if known (Continue on a new sheet if necessary):

#	Breed	Age	Weight	Sex	Neutered/ Spayed	License #, City
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading will result in the forfeiture of this license. This license will only be effective for the listed location, will expire on next March 31, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant _____ Date _____

FOR NEW APPLICANTS OR APPLICANTS ADDING DOGS:

INSPECTIONAL SERVICES DEPARTMENT

The premises mentioned above is in a _____ Zone.

_____ The use is permitted as of right

_____ The use requires a special permit

_____ The use is prohibited

Signature: _____ Name and Title: _____

ANIMAL CONTROL OFFICER

I recommend this application _____ Be approved. _____ Be denied.

Signature: _____ Name and Title: _____

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

Address of taxpayer/applicant's business in Somerville: _____

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of

_____, 20____.

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- | | | |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | | <input type="checkbox"/> Nonprofit |
| | | <input type="checkbox"/> Entertainment |
| | | <input type="checkbox"/> Manufacturing |
| | | <input type="checkbox"/> Health Care |
| | | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print Name: _____

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	