JOHN J. DREYZEHNER, MD, MPH, FACOEM
COMMISSIONER

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION

DOG AND CAT DEALER LICENSE APPLICATION

APPLICANT'S BUSINESS NAME: _____ **No.**_____

OWNER/OPERATOR NAME: _____

BUSINESS PHYSICAL ADDRESS: _____
STREET

_____ _____ _____
CITY **STATE** **ZIP**

BUSINESS MAILING ADDRESS: _____

_____ _____ _____
CITY **STATE** **ZIP**

BUSINESS PHONE NUMBER: (_____) _____

NORMAL BUSINESS HOURS: _____

PHONE NUMBER WHERE OWNER/OPERATOR CAN BE REACHED AT ALL TIMES:

(_____)_____ **OR** (_____) _____

Check	Dogs and/or Cats Sold or Bought for Resale	Application Fee
☐	25 - 50	$ 125.00
☐	51 - 150	$ 250.00
☐	151 - 300	$ 500.00
☐	301 - 500	$ 750.00
☐	501 and Over	$1,000.00

Please remit appropriate fee and application to:

TN Dept. of Health
Division of Health Licensure and Regulation
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243

Have you or any employee ever been convicted of any crime relating to theft of animals or cruelty to animals?
☐ **NO** ☐ **YES** **If yes, please provide explanation with attachment.**

T.C.A. 44-17-108 REQUIRES SEMI-ANNUAL REPORT AND STIPULATES THAT SUCH REPORT ACCOMPANY THIS APPLICATION. PLEASE ATTACH.

_____ _____
SIGNATURE OF APPLICANT **DATE**

Sworn to before me this _____**day of**_____ **,** _____**.**

_____
NOTARY PUBLIC **Affix Seal Here**

My Commission expires_____