



Town of Southampton

Animal Control

102 Old Riverhead Road
Hampton Bays, NY 11946
Phone: 631-728-PETS (7387)
Fax: 631-728-8582

COMMERCIAL ANIMAL ENTERPRISE PERMIT APPLICATION

- 1) Name Of Business/Applicant: _____
- 2) Address: _____

- 3) Telephone number: _____
- 4) Mailing address (if different from above): _____

- 5) Is business a corporation? If so please list name of corporation's:
President: _____ Vice President: _____
Secretary: _____ Treasurer: _____
- 6) Is business a partnership? If so please list type of partnership and names of partners:

- 7) Is applicant the owner of the commercial animal enterprise? Yes _____ No _____
- 8) If applicant is not owner, please list owner information:
Name: _____
Address: _____
Phone: _____
- 9) As per NYS Workers' Compensation Law and General Municipal Law, if the business has employees, documentation of Worker's Compensation coverage will be required by having a valid certificate on file with the Town or submitting one with this application. The acceptable certificates are: 1-C-105.2 (Certificate of Worker's Compensation Insurance), 2-SI-12 (Certificate of Worker's Compensation Self-Insurance), 3-GSI-105.2 (Certification of Participation in a Worker's Compensation Group Self-Insurance).
- 10) Is business/applicant a member of the American Zoo & Aquarium Association or the Association of Sanctuaries? Yes _____ No _____
- 11) Is business/applicant a New York State licensed Wildlife Rehabilitator? Yes _____ No _____
If yes, please give license number: _____
- 12) Location of premises (where permit is required): _____
- 13) Owner of premises: _____

Owner's address & phone #: _____

- 14) In case of emergency list contact person and telephone number:
Person: _____ Phone #: _____
- 15) If owner of property is different from applicant, in case of an emergency list contact person and #:
Person: _____ Phone #: _____
- 16) Has business/applicant ever declared bankrupt or bankruptcy application pending?
Yes _____ No _____
- 17) Has business/applicant ever had a permit denied, suspended or revoked? Yes _____ No _____
- 18) Has business/applicant ever been accused or convicted of any violation of the Federal Animal Welfare Act or and Federal, State or local laws pertaining to cruelty to animals? Yes ____ No _____
If yes, explain: _____

19) Type of Commercial Animal Enterprise: _____

20) If permit is for a circus, please list the following:

- a) Does circus display or exhibit any wild or exotic animals as defined in §150-4 of the Southampton Town Code? Yes ___ No ___
- b) Under what name is the circus operating? _____
- c) Is circus a licensed USDA Class A exhibitor? Yes ___ No ___ If yes, license number: _____
- d) If circus has multiple Class A exhibitors, list each exhibitor and license number (use separate sheet if needed):

Name: _____ Lic. # _____ Name: _____ Lic. # _____

Name: _____ Lic. # _____ Name: _____ Lic. # _____

Name: _____ Lic. # _____ Name: _____ Lic. # _____

- e) Does circus have an Endangered/Threatened Species License pursuant to New York State Environmental Conservation Law? Yes ___ No ___ If yes, license number: _____

- f) If circus has multiple Endangered/Threatened Species Licenses, list each exhibitor and license number (use separate sheet if needed):

Name: _____ Lic. # _____ Name: _____ Lic. # _____

Name: _____ Lic. # _____ Name: _____ Lic. # _____

Name: _____ Lic. # _____ Name: _____ Lic. # _____

g) Has a special event permit has been obtained pursuant to Town Code Chapter 283?
Yes ___ No ___

h) Location of event: _____

i) Dates & times of event: _____

20) If permit is for a performing animal exhibit or display, please list the following:

a) Type of display (please check all that apply: Petting Zoo ___ Ride ___
Carnival ___ Photographic Opportunity ___ Other: ___

Please explain: _____

b) Is Display for educational purposes (an Educational Exhibition)? Yes ___ No ___

Please explain: _____

c) Has a special event permit has been obtained pursuant to Town Code Chapter 283?
Yes ___ No ___

d) Location of display: _____

e) Dates and times of display: _____

f) List the number and types of all animals to be displayed: _____

21) If permit is for a pet shop, grooming shop or kennel:

i. Pet Shop:

a. List type and approximate number of animals sold:

Type	Number	Type	Number	Type	Number
Type	Number	Type	Number	Type	Number
Type	Number	Type	Number	Type	Number
Type	Number	Type	Number	Type	Number
Type	Number	Type	Number	Type	Number

- b. Name and phone number of veterinarian: _____
- c. What are the facility's hours of operation? _____
- d. Will Animals be housed in facility overnight? Yes_____ No_____
- e. Is there a separate area for isolation of ill/injured animals? Yes_____ No_____
- f. Is facility equipped with a sprinkler system? Yes_____ No_____
- g. Does facility have a fire alarm system? Yes_____ No_____
- h. If yes, does system have Central Station monitoring Yes_____ No_____

ii. Grooming Shop:

- a. What are the facility's hours of operation? _____
- b. Approximately how many animals will be housed at one time? _____

- c. Will Animals be housed in facility overnight? Yes_____ No_____
- d. Is facility equipped with a sprinkler system? Yes_____ No_____
- e. Does facility have a fire alarm system? Yes_____ No_____
- f. If yes, does system have Central Station monitoring Yes_____ No_____

iii. Kennels:

- a. Type of kennel operation (check all that apply):
Boarding: _____ Breeding: _____ Training: _____ Buying/Selling: _____
Harboring more than four (4) unspayed or unneutered dogs or cats: _____
- b. Name and phone number of veterinarian: _____
- c. What are the facility's hours of operation? _____
- d. Approximately how many animals will be housed at one time? _____
- e. Will Animals be housed in facility overnight? Yes_____ No_____
- f. Is facility equipped with a sprinkler system? Yes_____ No_____
- g. Does facility have a fire alarm system? Yes_____ No_____
- h. If yes, does system have Central Station monitoring? Yes_____ No_____

Pursuant to Section 175.35 of the New York State Penal Code, a person is guilty of offering a false instrument for filing in the first degree when, knowing that a written instrument contains a false statement or false information, and with the intent to defraud the state or political subdivision thereof, he offers or presents it to a public office or public servant with the knowledge or belief that it will be filed with, registered or recorded or otherwise become a part of the records of such public office or public servant. Offering a false instrument for filing in the first degree is a class E felony.

CHANGES TO PERMIT

Permits shall not be transferable or assigned.

Any changes in the activity, operation, location or ownership shall require that a new permit be issued.

A copy of this permit shall be posted or otherwise readily accessible at each place or operation or carried by the permit holder.

State of New York) ss:
County of Suffolk)

_____ being duly sworn, deposes and says that he/she resides at _____ and that he/she is the owner/operator or agent for the owner/operator of the commercial animal enterprise described in the within application, and states that the proposed regulated activity had been authorized by the owner/tenant of the premises at which the event is to be held and that the aforesaid applicant has been authorized to make the application as the premise owner's/tenant's agent. The premise owner/tenant authorizes the applicant to consent to permit any employee of the Department of Animal Control to enter upon the premises without a search warrant for the purpose of inspecting the proposed regulated activity.

Sworn this date of _____

False statements made therein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

Applicant

State of New York) ss:
County of Suffolk)

_____ being duly sworn, deposes and says that he/she resides at _____ and that he/she is the owner in fee officer in the corporation which is the owner in fee/tenant described in the within application, and that he/she has authorized _____ to make the foregoing application for a permit as described herein.

Sworn this date of _____

False statements made therein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

Applicant