



P.O. Box 197  
7511-12th Street  
Somers, WI 53171  
Ph.: (262) 859-2822  
Fax: (262) 859-2331  
www.somers.org

# Village/Town of Somers 2021 Application for Kennel License

1. Name of Applicant: \_\_\_\_\_

2. Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

3. Telephone Number of Applicant: \_\_\_\_\_

4. Email of Applicant: \_\_\_\_\_

5. If applicant is a corporation, list State of Incorporation, names and addresses of Officers and Directors of Corporation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are the above residents of Wisconsin?                      Yes                      No

7. Name and address of person in charge of Kennel: \_\_\_\_\_  
\_\_\_\_\_

8. Telephone number of person in charge of Kennel: \_\_\_\_\_

9. Number of dogs that can be accommodated: \_\_\_\_\_

10. Number of dogs to be housed: \_\_\_\_\_

11. Brief description of facilities provided: \_\_\_\_\_  
\_\_\_\_\_

12. Is land owned by Applicant:                      Yes                      No

a. If Leased, name and address of Land Owner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**License Fee: \$35.00 for first 12 dogs, \$3.00 or each dog above 12**

**Number of Dogs:** \_\_\_\_\_

Compute fee as follows:

First 12 dogs = \$35.00                        1                        x \$35.00 =                       \$35.00 

\$3.00 for each additional dog                      \_\_\_\_\_                      x \$3.00 =                      \_\_\_\_\_

**TOTAL**                      \_\_\_\_\_

**Return application, detailed layout of the kennel, license fee and a copy of rabies vaccination for each dog to:**

**Village/Town of Somers**

**Village/Town Clerk**

**7511 12<sup>th</sup> Street**

**P.O. Box 197**

**Somers, WI 53171**

**DO NOT WRITE BELOW THIS LINE**

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

License No.: \_\_\_\_\_