



# APPLICATION FOR PET GROOMING FACILITY

CITY OF PLANO ANIMAL SERVICES  
PO BOX 860358  
PLANO, TX 75086-0358  
PHONE: (972) 769-4360 FAX (972) 769-4359

**FACILITY MAY NOT BE OPEN FOR BUSINESS UNTIL CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED FROM THE BUILDING INSPECTION DEPARTMENT.**

**FULLY COMPLETED APPLICATION MUST ACCOMPANY PAYMENT FOR PERMIT TO BE ISSUED.**

NEW PERMIT: \_\_\_\_\_ RENEWAL PERMIT: \_\_\_\_\_ NEW OWNER: \_\_\_\_\_ NAME CHANGE: \_\_\_\_\_

ANNUAL PERMIT FEE: \$50.00 ANTICIPATED OPENING DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_

BUSINESS PHYSICAL ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX NO.: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ STATE SALES TAX ID NO.: \_\_\_\_\_

RENEWAL/BILLING ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**FAILURE TO FOLLOW ALL GUIDELINES IN CHAPTER 4 – "ANIMALS" OF PLANO'S CODE OF ORDINANCES, OR EXPIRATION OF PET GROOMING FACILITY PERMIT SUBJECTS OWNER AND/OR MANAGER TO CITATIONS AND/OR FACILITY TO IMMEDIATE CLOSURE.**

APPLICANT'S SIGNATURE: \_\_\_\_\_

**THIS PORTION TO BE COMPLETED BY ANIMAL SERVICES**

PERMIT NO.: \_\_\_\_\_ PAYMENT DATE: \_\_\_\_\_ FEE: \_\_\_\_\_

RECEIPT NO.: \_\_\_\_\_ PAYMENT TYPE: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_ INSPECTION DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

ANIMAL SERVICES SIGNATURE: \_\_\_\_\_