



APPLICATION FOR WILDLIFE EDUCATIONAL CENTER

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: _____ ANNUAL PERMIT FEE: _____ DATE: _____

CENTER NAME: _____

PHYSICAL ADDRESS: _____ ZIP CODE: _____

MAILING ADDRESS: _____

PHONE: _____ FAX NO.: _____ EMAIL: _____

ANIMALS HOUSED: _____

PERMIT HOLDER NAME: _____

ADDRESS: _____ ZIP CODE: _____

PHONE: _____ FAX NO.: _____ CELL PHONE: _____

EMAIL: _____ OTHER PHONE: _____

STATE PERMIT NUMBER: _____ FEDERAL PERMIT NUMBER: _____

MANAGER'S NAME: _____

PHONE: _____ FAX: _____ CELL PHONE: _____ EMAIL: _____

MANAGER'S NAME: _____

PHONE: _____ FAX: _____ CELL PHONE: _____ EMAIL: _____

FAILURE TO FOLLOW ALL GUIDELINES IN CHAPTER 4 – "ANIMALS" OF PLANO'S CODE OF ORDINANCES OR EXPIRATION OF WILDLIFE EDUCATIONAL CENTER PERMIT SUBJECTS OWNER AND/OR MANAGER TO CITATIONS AND/OR PERMIT REVOCATION.

APPLICANT'S SIGNATURE: _____

THIS PORTION TO BE COMPLETED BY ANIMAL SERVICES

PERMIT NO.: _____ PAYMENT DATE: _____ FEE: _____

RECEIPT NO.: _____ PAYMENT TYPE: _____ RECEIVED BY: _____

INSPECTOR: _____ EXPIRATION DATE: _____ INSPECTION DATE: _____

ANIMAL SERVICES SIGNATURE: _____