

GUIDE TO KENNEL LICENSES

A license must be obtained before operating a Kennel. Pursuant to State Law, a kennel is a pack or collection of dogs on a single premise, including a commercial boarding or training kennel, commercial breeder kennel, domestic charitable corporation kennel, personal kennel or veterinary kennel. These types of kennels are described below.

Licensure is valid from the date of the license through the following December 31. Contact the City Clerk (617 625-6600 x4100) if you have any questions about the application process. The application fee is \$60 per dog (using the total number of dogs over 3 months old to be kept).

To complete the application:

1. Fill in the Kennel License Application. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers' Compensation Insurance Affidavit.
2. Contact the Animal Control Officer to arrange a sign-off on the Application (617 625-6600 x2190).
3. For new applicants or applicants adding dogs, contact the Inspectional Services Department to arrange a sign-off on the Application (617 625-6600 x5600).
4. Proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:
Treasury
93 Highland Avenue (City Hall)
617 625-6600 x3500
Monday–Wednesday, 8:30 AM – 4:00 PM
Thursday, 8:30 AM – 7:00 PM
Friday, 8:30 AM – 12:00 PM
5. Submit the application to the City Clerk's Office, 93 Highland Avenue, Somerville, MA, 02143, 617 625-6600 x4100. Include payment of the fee (cash or check made payable to City of Somerville). Allow at least one week for processing.

Commercial boarding or training kennel, an establishment used for boarding, holding, day care, overnight stays or training of animals that are not the property of the owner of the establishment, at which such services are rendered in exchange for consideration and in the absence of the owner of any such animal; provided, however, that "commercial boarding or training kennel" shall not include an animal shelter or animal control facility, a pet shop licensed under section 39A of chapter 129, a grooming facility operated solely for the purpose of grooming and not for overnight boarding or an individual who temporarily, and not in the normal course of business, boards or cares for animals owned by others.

Commercial breeder kennel, an establishment, other than a personal kennel, engaged in the business of breeding animals for sale or exchange to wholesalers, brokers or pet shops in return for consideration.

Domestic charitable corporation kennel, a facility operated, owned or maintained by a domestic charitable corporation registered with the department or an animal welfare society or other nonprofit organization incorporated for the purpose of providing for and promoting the welfare, protection and humane treatment of animals, including a veterinary hospital or clinic operated by a licensed veterinarian, which operates consistent with such purposes while providing veterinary treatment and care.

Personal kennel, a pack or collection of more than 4 dogs, 3 months old or older, owned or kept under single ownership, for private personal use; provided, however, that breeding of personally owned dogs may take place for the purpose of improving, exhibiting or showing the breed or for use in legal sporting activity or for other personal reasons; provided further, that selling, trading, bartering or distributing such breeding from a personal kennel shall be to other breeders or individuals by private sale only and not to wholesalers, brokers or pet shops; provided further, that a personal kennel shall not sell, trade, barter or distribute a dog not bred from its personally-owned dog; and provided further, that dogs temporarily housed at a personal kennel, in conjunction with an animal shelter or rescue registered with the department, may be sold, traded, bartered or distributed if the transfer is not for profit.

Veterinary kennel, a veterinary hospital or clinic that boards dogs for reasons in addition to medical treatment or care; provided, however, that "veterinary kennel" shall not include a hospital or clinic used solely to house dogs that have undergone veterinary treatment or observation or will do so only for the period of time necessary to accomplish that veterinary care.

NOTE: Any owner or keeper of less than four dogs three months old or over who does not maintain a kennel may elect to secure a kennel license in lieu of licensing such dogs individually.

KENNEL LICENSE APPLICATION

Application Fee \$60 per dog _____

Date _____

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid _____

New Application

Renewing Application with Amendments or Changes

Renewing Application with NO Amendments or Changes

Business (DBA) Name: _____ Phone: _____

Business Location in Somerville (with Zip Code): _____

Applicant's Federal Employer Identification Number: _____

Applicant's Legal Name: _____

Mailing Name (where we should send correspondence to): _____

Mailing Address (with Zip Code): _____

Emergency Contact: _____ Phone: _____

Type of Business (Check Only One and Provide the Names Indicated):
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____
<input type="checkbox"/> Partnership (inc. LLP): Name of Partnership: _____
Names of All Partners Who Own More Than 10%: _____

<input type="checkbox"/> Trust: Name of Trust: _____
Names of All Trustees Who Own More Than 10%: _____

<input type="checkbox"/> Corporation: Name of Corporation: _____
Name of President: _____
Name of Secretary: _____ Name of Treasurer: _____
<input type="checkbox"/> LLC: Name of LLC: _____
Names of All Managers Who Own More Than 10%: _____

<input type="checkbox"/> Other (Attach a Description of the Form of Ownership and the Names of Owners)

Describe where the dogs will be sheltered _____

Does this shelter have heat? Y ___ N ___

Does this shelter have running water? Y ___ N ___

Square footage of yard on the premises to be occupied by dogs _____

Describe all fences, shelters, runs or other structures on premises to be occupied by dogs, and whether the structures now exist or are proposed _____

Maximum number of dogs over 3 months old to be kept at any one time _____

Average number of dogs to be kept at any one time _____

Average length of stay per dog, if short-term (for sale, boarding, etc.) _____

Hours the kennel will be supervised or attended _____

Which type of kennel will you be keeping (pursuant to MGL c140 s136A)?

_____ Commercial boarding or training kennel.

_____ Commercial breeder kennel.

_____ Domestic charitable corporation kennel.

_____ Personal kennel.

_____ Veterinary kennel.

_____ I am an owner or keeper of less than 4 dogs 3 months old or over who does not maintain a kennel but elects to secure a kennel license in lieu of otherwise licensing such dogs.

1. On the kennel premises, will dogs be boarded? Y ___ N ___

2. On the kennel premises, will dogs be trained? Y ___ N ___

3. On the kennel premises, will dogs be bred? Y ___ N ___

4. On the kennel premises, will dogs be purchased? Y ___ N ___

5. On the kennel premises, will dogs be sold? Y ___ N ___

6. On the kennel premises, will dogs be given veterinary treatment? Y ___ N ___

7. On the kennel premises, will dogs be kept as pets? Y ___ N ___

8. On the kennel premises, will dogs be kept for other purposes? Describe: Y ___ N ___

For a personal kennel, or for an owner of less than 4 dogs 3 months old or over who elects to secure a kennel license, describe the individual dogs (Continue on a new sheet if necessary):

#	Breed	Age	Weight	Sex	Neutered/ Spayed	License #, City
1						
2						
3						
4						
5						
6						

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading will result in the forfeiture of this license. This license will only be effective for the listed location, will expire on December 31, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. I also understand that the application fee required by the City is not refundable for any reason. I also certify that the applicant, to my best knowledge and belief, has filed all State tax returns and paid all State taxes required under law.

Signature of Applicant _____ Date _____

ANIMAL CONTROL OFFICER (REQUIRED FOR ALL APPLICANTS)

The applicant’s kennel as described herein has Passed Not Passed my inspection.

Signature _____ Date _____

Name and Title _____

**INSPECTIONAL SERVICES DEPARTMENT
(REQUIRED FOR NEW APPLICANTS OR APPLICANTS ADDING DOGS ONLY)**

The premises described above is in a _____ Zone.

The use is permitted as of right

The use requires a special permit

The use is prohibited

Signature _____ Date _____

Name and Title _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

Address of taxpayer/applicant's business in Somerville: _____

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of

_____, 20____.

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- | | | |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | | <input type="checkbox"/> Nonprofit |
| | | <input type="checkbox"/> Entertainment |
| | | <input type="checkbox"/> Manufacturing |
| | | <input type="checkbox"/> Health Care |
| | | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print Name: _____

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	