



1137 South Locust Street, Grand Island NE, 68801, ph (308) 385-5175, fax (308) 385-5181  
 Toll Free: (877) 216-9092 Website: www.cdhd.ne.gov

## APPLICATION For COMMERCIAL ANIMAL PERMIT

**Type of Establishment:** (please check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Pet Shop      | <input type="checkbox"/> Grooming Shop | <input type="checkbox"/> Animal Auction               |
| <input type="checkbox"/> Riding School | <input type="checkbox"/> Stable        | <input type="checkbox"/> Zoological Park              |
| <input type="checkbox"/> Kennel        | <input type="checkbox"/> Circus        | <input type="checkbox"/> Performing Animal Exhibition |

Name of Establishment:	Phone Number of Establishment:
Address of Establishment:	
Owner(s) of Establishment:	
Owner(s) or Billing Address of Establishment:	
<b>By signing, I/We agree to comply with all operation regulations for a commercial animal permit that are enforced by the Central District Health Department.</b>	
<b>Owner/Manager Signature:</b> _____	<b>Date:</b> _____

**Commercial Animal Permit fee is \$82.00**  
**Expires on July 31 annually**

Make checks payable to: **Central District Health Department**  
 1137 South Locust Street  
 Grand Island NE 68801

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Inspector Use Only:       **Approved**       **Disapproved**

Date: \_\_\_\_\_      Inspector signature: \_\_\_\_\_

**Comments:**

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Office Use Only			
Date Rec'd: _____	Rec'd by: _____	Amount: _____	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash