

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 Town Clerk's office (508-651-7853) if you have any questions about the application process.

Application fees

A-1 Personal Kennel: 4 or fewer dogs	\$125
A-2 Personal Kennel: 5 or more dogs	\$150
B Commercial Boarding or Training Kennel	\$350
C Commercial Breeder Kennel	\$350
D Domestic Charitable Corporation Kennel.....	\$350
E Veterinary Kennel	\$350

(A clinic that boards dogs for reasons in addition to medical treatment & care)

To complete the application:

1. Fill in the Kennel License Application. Fill in and sign the top half of the Certificate of Good Standing.
2. Contact the Animal Control Officer to arrange the inspection necessary for a sign-off on the Application. (Sgt. Luke Tedstone, Animal Control Officer, Sherborn Police Dept., 508-653-2424)
3. For new applicants or applicants adding dogs, contact the Building Inspector (at Town Hall) to arrange a sign-off on the Application (508-651-7851).
4. Proceed to the Collector to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing. Collector (Town Hall) Monday–Thursday, 8:00 AM – 1:00 AM (508-651-7856)
5. Submit the application to the Town Clerk's Office, 19 Washington Street, Sherborn, MA, 01770, Monday–Thursday, 8:00 AM – 1:00 AM; FRIDAY 8:00 AM - NOON (508-651-7853). Include payment of the fee in cash or check payable to *Town of Sherborn*. Please allow at least one week for processing. Application must include signatures of Building Inspector, Town Collector, and Animal Control Officer. Attach signed *Massachusetts Animal Control Officer Kennel Inspection Report*.

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 **four** or fewer 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.



Office of the Town Clerk

TOWN HALL • 19 WASHINGTON STREET • SHERBORN, MA 01770
508-651-7853 • FAX 508-651-0407

FOR TOWN CLERK'S OFFICE ONLY

Date Recorded_____

Amount Paid_____ Check #_____

SHERBORN KENNEL LICENSE APPLICATION

Application Fee \$_____ Date_____

Kennel License type application (Check one.): A-1 A-2 B C D E

New Application

Renewing Application with Amendments or Changes

Renewing Application with NO Amendments or Changes

Business (DBA) Name:_____

Owner Name_____ Phone:_____

Email _____

Business Location in Sherborn_____

Applicant's Federal Employer Identification Number:_____

Applicant's Legal Name:_____

Mailing Name (for correspondence):_____

Mailing Address (with Zip Code):_____

Emergency Contact:_____ Phone:_____

Type of Business (Check Only One and Provide the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

Trust: Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

Corporation: Name of Corporation: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

LLC: Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

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 _____

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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

Which type of kennel will you be keeping (pursuant to MGL chapter 140 section 136A)?

A-1 PERSONAL KENNEL: Four (4) or fewer dogs

A-2 PERSONAL KENNEL: Five (5) or more dogs

B COMMERCIAL BOARDING OR TRAINING KENNEL

C COMMERCIAL BREEDER KENNEL

D DOMESTIC CHARITABLE CORPORATION KENNE

E VETERINARY KENNEL

F. I am an owner or keeper of 4 or fewer 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? Y N

Describe the following:
1. The relationship between the two variables.

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/TOWN
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 Sherborn General By-Laws, any applicable State and Federal laws, and any conditions prescribed by the Town of Sherborn. I also understand that the application fee required by the Town 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 _____

**Attach copy of completed and signed
Massachusetts Animal Control Officer Kennel Inspection Report.**

BUILDING INSPECTOR/ZONING ENFORCEMENT OFFICER (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 _____

Town of Sherborn, Massachusetts Collector's Office

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

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

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

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 Town 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)

TOWN'S ACKNOWLEDGEMENT

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

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Excise Personal Property Other: _____

_____ # _____ # _____ # _____

Notes:

Collector's Signature _____ **Date** _____

Name _____

SHERBORN TOWN HALL • 19 WASHINGTON STREET • SHERBORN MASSACHUSETTS 01770
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