



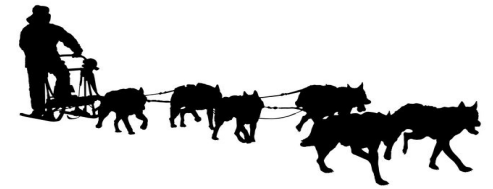
# MATANUSKA-SUSITNA BOROUGH

## Animal Care & Regulation

9470 E. Chanlyut Cir. • Palmer, AK 99645

Phone (907) 746-5500 • Fax (907) 746-6683

www.matsugov.us



### MUSHING FACILITY LICENSE APPLICATION (MSB 24.07.030)

**Required documents/information to be attached/provided with application:**

- Owned or operated a licensed kennel (under 24.10.020) for at least three years. Kennel license # \_\_\_\_\_
- Documents providing proof of a three year history of mushing (see MSB24.07.030)
- Copy of current rabies immunization certificates or list of dogs with Rabies immunization information. (Borough form available).

**Additional information/requirements:**

- License fee \$150, due upon passing inspection (not before).
- Emergency Evacuation Plan provided to MSBACR and posted on the kennel property.
- Please contact Code Compliance to determine if you are located in a flood zone. (907-861-8574) FEMA map # \_\_\_\_\_
- MSB Business License # \_\_\_\_\_ - \_\_\_\_\_ (907-861-8442)

Owner's Name(s): \_\_\_\_\_ Emergency Contact

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_ Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_

Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Number of Dogs (select one): \_\_\_ 5-29; \_\_\_ 30-59; \_\_\_ 60-89; \_\_\_ greater than 90 Telephone(s) \_\_\_\_\_

Kennel Name: \_\_\_\_\_ Kennel workers: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Location: \_\_\_\_\_

Email address(es): \_\_\_\_\_

Directions to facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAP

FOR OFFICE USE			
APPLICATION DATE: ____/____/____	REGISTRATION #: _____	ISSUE DATE: ____/____/____	EXPIRATION DATE: ____/____/____

