



# JILL THOMPSON ATHENS COUNTY AUDITOR

15 S. COURT STREET, Rm 330  
ATHENS, OHIO 45701  
www.athenscountyauditor.org

OFFICE HOURS  
MON-FRI: 8:00 AM - 4:00 PM  
(740) 592-3223

ORC 955.02 defines a KENNEL as an establishment that keeps, houses, and maintains adult dogs for the purpose of breeding the dogs for a fee or other consideration received through a sale, exchange, or lease and that is not a high volume breeder.

## INSTRUCTIONS FOR ATHENS COUNTY KENNEL LICENSES:

### IN PERSON OR BY MAIL

1. The numbers reported by breed below should include each dog more than three months of age.
2. The \$70 kennel fee includes five individual dog tags. Each additional tag costs \$1 each. Please enclose a check or money order for the correct fee payable to **Athens County Auditor**. **DO NOT SEND CASH.**  
**After January 31**, the statutory penalty increases the price of each kennel license to \$140. Processing of the license requires the correct fee.
3. Please return the application, check or money order, and a self-addressed stamped envelope in the enclosed return envelope. A receipt will be enclosed with your 2017 license tag(s).

Tags may be purchased in person at the Athens County Auditor's Office, 15 S. Court St., Rm 330, Athens. Please bring the attached form when purchasing tags.

Certificate of registration and registration tags shall be valid only during the CALENDAR year IN which they are issued, AND DURING THE CALENDAR YEAR OR YEARS FOR WHICH THEY ARE ISSUED. ORC Sec 955.09.

### APPLICATION for the registration of a Kennel for the year 2017

Breeds Kept	# Males	# Females

JILL THOMPSON, Athens County Auditor  
15 S. COURT ST., Rm 330; ATHENS, OH 45701

License	# Tags	Fee Paid	Penalty	Total
Kennel License	--- 5 ---	\$70.00		
Add'l Tags (optional)		\$1.00 (each)	-----	
--- Office Use: 2017 License #s ---				

A penalty in an amount equal to the registration fee shall be assessed if Kennel License is not secured on or before January 31, or within 30 days after the person becomes the owner of such kennel. ORC Sec 955.04, 05.

The undersigned says that the facts indicated above ARE TRUE.

### Owner Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
if different(e.g. P.O. Box)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date Signed \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_