



**JILL R. LITTLE  
DEFIANCE COUNTY AUDITOR**

500 SECOND ST, STE 301  
DEFIANCE, OHIO 43512

OFFICE HOURS  
8:30 AM - 4:30 PM  
Weekdays  
(419) 782-1926

**INSTRUCTIONS FOR DEFIANCE COUNTY KENNEL LICENSES:**

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.

**IN PERSON OR BY MAIL**

1. Complete this form. Be sure the correct kennel owner and street address appear on all applications.
2. List the breeds kept, along with the number of males and females over 3 months of age for each breed.
3. Enclose a check or money order for the correct fees payable to: Defiance County Auditor. Please do not send cash. Before January 31, licensing rate is \$100.00 for the first 5 tags and \$1.00 for each additional tag. After January 31, statutory late penalty increases the licensing rate to \$200.00 for the first 5 tags. Your application cannot be processed without the correct fees.
4. Please return the application and check or money order. A receipt will be returned to you with your 2017 license tag(s).

Tags may be purchased in person at the Defiance County Auditor's Office, 500 Second Street, Ste 301, Defiance, 43512. Please bring the attached form when purchasing tags.

Certificates of registration and registration tags shall be valid only 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 R. LITTLE, Defiance County Auditor  
500 SECOND ST, STE 301, DEFIANCE, OHIO 43512

License	# Tags	Fee Paid	Penalty	Total
Kennel License	--- 5 ---	\$100.00		
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 \_\_\_\_\_

Deputy or Agent \_\_\_\_\_