



**PATRICIA DAVIES**  
**MORROW COUNTY AUDITOR**  
 48 E HIGH ST. ROOM 7 MT GILEAD, OHIO 43338

OFFICE HOURS  
 8:00 AM - 4:00 PM  
 Weekdays  
 (419) 946-4060

**INSTRUCTIONS FOR MORROW COUNTY 2017 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: **Morrow County Auditor**. Please do not send cash. **Before January 31**, licensing rate is \$80.00 for the first 5 tags and \$1.00 for each additional tag. **After January 31**, statutory late penalty increases the licensing rate to \$160.00 for the first 5 tags. If by mail, please include \$.50 for postage. Your application cannot be processed without the correct fees.
- 4 - Please return the application and a check or money order.  
 A receipt will be returned to you with your 2017 license tag(s).

--- Official Use Only ---

Date Received: \_\_\_\_\_

Auditor Agent: \_\_\_\_\_

Tag Info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tags may be purchased in person or via mail from the County Auditor's Office. 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.

-----Detach and Return Application with Payment-----

APPLICATION for the registration of a Kennel for the year 2017

PATRICIA DAVIES, Morrow County Auditor  
 48 E HIGH ST., ROOM 7 MT GILEAD, OHIO 43338

Breeds Kept	# Males	# Females

License	# Tags	Fee Paid	Penalty	Total
Kennel License	--- 5 ---	\$80.00		
Add'l Tags (optional)		\$1.00 (each)	-----	
--- Office Use: 2017 License #s ---				

**Vendor License #:** \_\_\_\_\_

**Owner Information**

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

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

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

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

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.

Total Fees	\$
Mailing Fee	\$ 0.50
Total Paid	\$

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

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

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

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