



ANDREA L. WEAVER UNION COUNTY AUDITOR

233 West Sixth St.
Marysville, OH 43040

OFFICE HOURS
8:30 AM - 4:00 PM
Weekdays
(937) 645-3003

INSTRUCTIONS FOR UNION 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 SALES BEGIN 12/1/2023

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: Union County Auditor. Please do not send cash. Before January 31, licensing rate is \$90.00 for the first 5 tags and \$1.00 for each additional tag. After January 31, statutory late penalty increases the licensing rate to \$180.00 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 2024 license tag(s).

Tags may be purchased in person at 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.

APPLICATION for the registration of a Kennel for the year 2024

ANDREA L. WEAVER, County Auditor
233 West Sixth St.; Marysville, OH 43040

Breeds Kept	# Males	# Females

License	# Tags	Fee Paid	Penalty	Total
Kennel License	--- 5 ---	\$90.00		
Add'l Tags (optional)		\$1.00 (each)	-----	
--- Office Use: 2024 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: _____