



# Katrina A. Wilkins Sullivan County Treasurer

245 Muncy Street  
P.O. Box 116  
Laporte, PA 18626

Phone: 570-946-7331  
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Email: [treasurer@sullivancountypa.gov](mailto:treasurer@sullivancountypa.gov)

Pennsylvania law requires a license for any dog 3 months of age and older. The maximum fine for an unlicensed dog is \$500. The current dog license will expire 12/31/2023. The 2024 dog licenses are on sale now.



Scan to be directed to renewal website.

### ON-LINE

License your dog(s) on-line at <https://www.sullivancountypa.gov/offices/treasurer>. A convenience fee for credit card payments will be applied per license purchased online. Please see the website for details. To access your pre-filled form you will need the Renewal ID and Online Code listed below.

Renewal ID: \_\_\_\_\_ Online Code: \_\_\_\_\_

### BY MAIL

1. Complete the application form below, verifying the owner information, street address, and pet description(s) are correct.
2. Use this form to license up to 5 dogs. Please list any additional dogs on a separate sheet of paper and return it with this form.
3. Enclose a check or money order for the correct fees payable to: **Sullivan County Treasurer**. Please do not send cash.
4. Please return the application along with check or money order. A receipt will be returned to you with your 2024 license tag(s).

### IN PERSON

Licenses can be purchased at the Sullivan County Treasurer's Office, 245 Muncy St, Laporte. Please bring the attached form when purchasing.

REGULAR FEE	SENIOR CITIZEN OR PERSON WITH DISABILITY FEE
\$8.70	\$6.70

**PLEASE NOTE: IF APPLYING FOR A SENIOR CITIZEN LICENSE, THE OWNER MUST CURRENTLY BE AGE 65 AND OLDER. A PERSON WITH A DISABILITY MUST PROVIDE PROOF OF DISABILITY TO THE COUNTY TREASURER.**

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

**Color Codes:** BL=Black; WH=White; GR=Gray; BD=Brindle; TA=Tan; BR=Brown; YE=Yellow; RE=Red; TRI=Tri-Color

**KATRINA A. WILKINS, COUNTY TREASURER  
245 MUNCY ST; PO BOX 116; LAPORTE, PA 18626**

APPLICATION for the registration of dog(s) for the year 2024

Spayed / Neutered	Age		Sex (M/F)	Color Code										Dog Breed	Dog Name	Fee Paid (See Chart Above)	--- Office Use ---
	YRs	MOs		BL	WH	GR	BD	TA	BR	YE	RE	TRI	2024 License #				

### Owner Information

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

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

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

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

I hereby verify that I am the owner of the dog(s) that are the subject of this dog license application. I make this statement subject to the criminal penalties of 18 PA section 4904 (relating to unsworn falsification to authorities).

The undersigned says that the facts indicated above ARE TRUE.

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

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

For Senior Citizen Discount: Owner's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

For Person with Disability Discount, check:  (Affidavit Req'd)