

TOWN OF CUMBERLAND – OFFICE OF THE TOWN CLERK
45 BROAD STREET, CUMBERLAND RI 02864
(401)728-2400 FAX (401)724-1103

KENNEL LICENSE

License fee--\$25

Renewal Fee--\$25

Non-refundable application fee--\$10

A Kennel License is required for every owner or keeper of pedigree dogs for breeding and stud purposes only. Said kennels may be operated exclusively in agriculturally zoned areas with set-backs from all abutting property of not less than one hundred (100'). No more than ten dogs shall be kept at any licensed kennel within the Town. After receiving the application, the Town Clerk shall refer the matter to the Animal Control Department for inspection and recommendation as to whether the kennel is in accordance with the public safety. Upon such findings the Town Clerk may issue a kennel license authorizing the owner or keep to hold the kennel in the specified location subject to a license fee of \$25 plus a \$10 non-refundable application fee to be paid at the time of application.

All Kennel Licenses expire every year on March 31st no matter what date the application may be filed.

Please note: A BCI check will be run by the Cumberland Police Department on all owners.

BUSINESS INFORMATION:

License Number _____

Business Name _____

DBA Name, if applicable _____

Business Type: _____ Corporation _____ Partnership _____ Individual _____ LLC

Business Address _____

Business Mailing Address, if different _____

Business Phone Number _____

Business Fax Number _____

Assessor's Plat _____ Lot(s) _____ Zone _____

Property Owner Name and Address _____

BUSINESS OWNER INFORMATION:

Business Owner Name _____

Owner Home Address _____

Home Phone Number _____

Cell Phone Number _____

E-Mail _____

Owner Date of Birth _____

Place of Birth _____

Date: _____

APPLICANT'S SIGNATURE

ANIMAL CONTROL APPROVAL _____

PROOF OF RABIES VACINATION _____

TOWN CLERK

DATE GRANTED: _____



CUMBERLAND POLICE DEPARTMENT



"Working Together to Build a Safer Community"

John R. Desmarais
Chief of Police

Name: _____
(Print or Type)

Maiden Name: _____

D/O/B: _____

DISCLAIMER

I _____ hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to the Cumberland Police Department, any criminal record that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and employees of the Attorney General's Office in both law and equity which I may now have or in the future may have.

Signature of Applicant

Sworn to before me in the City of _____ State of

_____ this _____ day of _____, 2013.

Notary Public

Commission Expires

NOTE: Copy of photo identification with date of birth must accompany this Disclaimer. "A NATIONALLY ACCREDITED AGENCY"