

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

**APPLICATION FOR AN ANIMAL ESTABLISHMENT PERMIT  
CITY OF NORTH LITTLE ROCK**

Date \_\_\_\_\_ New Business \_\_\_\_\_ Renewal \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Mailing address if different than business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner's Name (Please Print) \_\_\_\_\_

DL # \_\_\_\_\_ Business property owned or leased? O \_\_\_ L \_\_\_

Description of operations \_\_\_\_\_

Pet shop  Grooming  Boarding  Other  \_\_\_\_\_

Any previous applications denied or revoked?  Yes  No

Return Application to: **Animal Control  
P.O. Box 5757  
NLR AR 72119**

**OFFICE USE ONLY**

Did this establishment pass inspection?  Yes  No

If no, list reasons and corrective actions required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date required to resolve and correct all problem areas: \_\_\_\_\_

ACO Inspector \_\_\_\_\_ Date of Inspection \_\_\_\_\_

Date permit granted: \_\_\_\_\_ Permit # \_\_\_\_\_