



CITY OF POPLARVILLE

200 HIGHWAY 26 EAST, POPLARVILLE, MS 39470

Phone: 601-795-8161 Fax: 601-795-0141

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APPLICATION FOR COMMERCIAL and/or KENNEL ANIMAL PERMIT

OWNER INFORMATION

BUSINESS INFORMATION

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Driver's License # _____

Phone - work: _____

Phone - work: _____

DESCRIPTION OF ACTIVITY: _____

DESCRIPTION OF ANIMALS: _____

Have you, or anyone in your household, ever been convicted of animal cruelty? Yes _____ No _____

I understand the City of Poplarville has an animal control ordinance which includes a restraint regulation. I agree to abide by the rules and regulations of the City of Poplarville Animal Control Ordinance.

SIGNED THIS THE _____ DAY OF _____, 20_____

Applicant Signature

This application has been approved by the police department:

Police Chief Date

We are an Equal Opportunity Service Provider

AMT. PAID: _____ DATE: _____ RECEIPT #: _____

LICENSE NUMBER ISSUED: _____ CLERK: _____