



Wild Animal Permit Application

12350 W 87 Street Pky
P.O. Box 14888
Lenexa, KS 66285-4888

Phone 913-477-7500
Fax 913-477-7730
www.lenexa.com
City Code: 3-2-1-2

Application Fee \$100.00

Once application is received, a Lenexa Animal Control Officer will notify your neighbors and will inspect the premises where the animals are to be kept.

Applicant Information

Name: _____

Address: _____
 No. Street Apt. # Zip

Applicant: owns rents this property.

Home Telephone: () _____

Work/Cell Telephone: () _____

Email: _____

Property Owner Information, if other than Applicant

Name: _____

Address: _____
 No. Street Apt. # Zip

Telephone: () _____

A certificate of liability insurance, listing the City as the certificate holder, evidencing liability coverage of at least \$500,000 for bodily injury or death of any person(s) and damage to property caused by the wild animals must be attached to and made part of this application.

Copies of any federal or state permit(s) authorizing the applicant to possess wild animals for scientific collection, education, exhibition or rehabilitation purposes must be attached to and made a part of this application.

Subpermittees of any Federal or State Permit(s)

Name: _____	Name: _____
Address: _____ No. Street Apt. # Zip	Address: _____ No. Street Apt. # Zip
Home Telephone: () _____	Home Telephone: () _____
Name: _____	Name: _____
Address: _____ No. Street Apt. # Zip	Address: _____ No. Street Apt. # Zip
Home Telephone: () _____	Home Telephone: () _____

Additional Care, Custody and Control of Animals

Other adult person(s) who may share in the care, custody and control of these animals

Name: _____	Name: _____
Address: _____ No. Street Apt. # Zip	Address: _____ No. Street Apt. # Zip
Home Telephone: () _____	Home Telephone: () _____
Name: _____	Name: _____
Address: _____ No. Street Apt. # Zip	Address: _____ No. Street Apt. # Zip
Home Telephone: () _____	Home Telephone: () _____

Facilities

Description of the location of shelter and/or other facilities on the property for the proposed animals

I understand that my signature below is deemed my consent to the right of entry and inspection of the premises sought to be permitted at all reasonable times when I am, or my representative is, present; that refusal to allow such entry or inspection shall be grounds for denial or revocation of the permit; and that notice need not be given to any person prior to inspection. I further certify that I will comply with all permit requirements, and that the information provided in this application is true and correct.

Applicant's Signature _____

Date _____

.....

Approved **Conditionally Approved** (see attached) Date of Mailing _____

- This permit shall expire automatically upon the expiration of any federal or state permit authorizing the possession of said animals or upon December 31 of the calendar year in which it is issued, whichever is earlier.
- You must notify the City upon the expiration or non-renewal of any federal or state permit(s).
- You must file copies of any reports that are filed with the federal or state agency issuing such permit(s) simultaneously with the City.
- This permit has been issued for the calendar year _____ and may be renewed annually thereafter upon payment of a \$20 renewal fee if the federal or state permit(s) authorizing the possession of the wild animals remains in effect and you remain in compliance with all conditions of said permit, including reporting requirements.

Denied Date of Mailing _____

- *Any non-permitted animals must be removed from the premises within 7 days from the Date of Mailing of this notice.*
- You have the right to appeal this decision to the Lenexa Municipal Court, 12400 W 87th St. Pkwy., Lenexa, KS 66215, within 10 days from the Date of Mailing of this notice indicated above. A written notice of appeal and a filing fee of \$20 will be required. For further information on your right to appeal, see City Code Section 3-2-1-2(C)

CITY OF LENEXA OFFICE USE ONLY

Cash Credit Card Check # _____ Date application sent to ACO for processing _____ Date Approval/Denial received from ACO _____