



BANK USE: 12 15 27103 4915

MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS

Telephone: 410.841.5862

www.mda.maryland.gov

REQUEST FOR ANIMAL CONTROL FACILITY LICENSE APPLICATION

Animal Control Facility Owner's Name: _____

Facility Address: _____

Phone number: _____

E-mail address: _____
(Note: An application for licensure will be sent to the above e-mail address.)

Federal identification number: ____-____-____-____-____-____

A check or money order in the amount of \$100.00 shall be made payable to Maryland Department of Agriculture. This fee is non-refundable. Include your name in the memo section of a check.

Mail this form and your payment to: Maryland Department of Agriculture
P.O. Box 17304
Baltimore, MD 21297-1304