



Hillsborough County

Dog Training Business License Application

2709 E. Hanna Ave., Tampa, FL 33610 • (813) 744-5660 Fax (813) 635-7428 • AnimalControl@HCFLGov.net

REQUIRED INFORMATION

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

Name of Business Owner(s): \_\_\_\_\_

Address of Business: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Email Address: \_\_\_\_\_

Name(s) of Dog Trainers Currently Employed: \_\_\_\_\_

List of Services Offered to be posted on Hillsborough County website: \_\_\_\_\_

\_\_\_\_\_

REQUIRED NOTARIZED STATEMENT

I, \_\_\_\_\_, the Dog Training Business Owner/Representative of \_\_\_\_\_, do hereby certify that all of the information contained herein is true and correct; and that no dog trainer employed at the store listed herein, has been convicted of or pled guilty or nolo contendere to the offense of cruelty to animals as defined under section 828.12, Florida Statutes after 2017. I have the authority to sign this document on behalf of \_\_\_\_\_ with respect to the matters concerned herein.

\_\_\_\_\_  
Print Business Owner

\_\_\_\_\_  
Business Owner Signed

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_.

Notary Signature

NOTARY SEAL

Name Printed or Stamped \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_