119 S Lisbon Street, Ste 203
Carrollton, Ohio 44615
330-627-2250

Monday – Friday
8am-12pm & 1pm-4pm
(excluding holidays)

INSTRUCTIONS FOR CARROLL COUNTY KENNEL LICENSES

BY MAIL

1. Complete this form. Be sure the correct kennel owner and street address appear on all applications.
2. A valid vendor's license is required to apply for a kennel license, so make sure you fill in the vendor's license info.
3. List the breeds kept, along with the number of males and females over three (3) months of age for each breed.
4. Enclose a check or money order for the correct fees payable to the Carroll County Auditor. **Please do not send cash.** Before January 31, licensing rate is $80.00 for the first five (5) tags and $1.00 for each additional tag. After January 31, statutory late penalty increases the licensing rate to $160.00 for the first five (5) tags. Fees can be verified by calling our office or checking our website at www.carrollcountyauditor.us. Your application cannot be processed without the correct fees.
5. Please mail the application with check or money order and a self-addressed stamped envelope. A receipt will be returned to you with your new license tag(s).

IN PERSON

Tags may be purchased in person at the Carroll County Auditor's Office. Exact cash, checks, and money orders are accepted. No credit or debit cards.

Certificates of registration and registration tags shall be valid only during the calendar year or years for which they are issued. ORC 955.09.

APPLICATION for the registration of a Kennel		
Breeds Kept	**# Males**	**# Females**
Vendor #		

License	# Tags	Fee Paid	Penalty	Total
Kennel License	5	$80.00	$	$
Add 'l Tags (for each dog in addition to 5)		$1.00 each	--------	
--- Office Use: License #s ---				

A penalty in an amount equal to the registration fee shall be assessed if Kennel License is not secured on or before January 31, or within 30 days after the person becomes the owner of such kennel. ORC 955.04, 05.

Owner Information

The undersigned says that the facts above ARE TRUE.

PRINT NAME _____ Phone Number _____

Street Address _____ City _____ Zip _____

Mailing Address (if different) _____ City _____ Zip _____

E-Mail _____ Date _____

Signature _____ Deputy or Agent _____ ☐ Cash ☐ Check _____