

OFFICE HOURS 8:00 AM - 4:30 PM Weekdays (419) 734-6740 www.OttawaCountyAuditor.org

INSTRUCTIONS FOR OTTAWA COUNTY KENNEL LICENSES:

ORC 955.02 defines a KENNEL as an establishment that keeps, houses, and maintains adult dogs for the purpose of breeding the dogs for a fee or other consideration received through a sale, exchange, or lease and that is not a high volume breeder.

IN PERSON OR BY MAIL

- 1. Complete this form. Be sure the correct kennel owner and street address appear on all applications.
- 2. List the breeds kept, along with the number of males and females over 3 months of age for each breed.
- 3. Enclose a check or money order for the correct fees payable to: **Ottawa County Auditor**. Please do not send cash. **Before January 31**, licensing rate is \$120.00 for the first 5 tags and \$1.00 for each additional tag. **After January 31**, statutory late penalty increases the licensing rate to \$240.00 for the first 5 tags. Your application cannot be processed without the correct fees.
- 4. Please return the application, check or money order, and a self-addressed stamped envelope in the enclosed return envelope. A receipt will be returned to you with your 2024 license tag(s).

You may purchase the tag(s) in person at the Ottawa County Auditor's Office, 315 Madison St, Port Clinton. Please bring the attached form when purchasing tags.

Certificates of registration and registration tags shall be valid only during the CALENDAR YEAR or YEARS for which they are issued. ORC Sec 955.09.

APPLICATION for the registration of a Kennel for the year 2024

Breeds Kept	# Males	# Females

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Jennifer J. Widmer, Ottawa County Auditor 315 MADISON ST; PORT CLINTON, OH 43452

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License	# Tags	Fee Paid	Penalty	Total		
Kennel License	5	\$120.00				
Add'l Tags (optional)		\$1.00 (each)				
Office Use: 2024 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 Sec 955.04.

The undersigned says that the facts indicated above ARE TRUE.					
Signature of Applicant					
Date Signed					
Phone #	Email				
Deputy or Agent					