



GALLIA COUNTY AUDITOR ROBERT JACKS

18 Locust St.
Gallipolis, OH 45631
Phone: 740-446-4612
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Mon-Fri: 8:00AM - 4:00PM

INSTRUCTIONS FOR GALLIA 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: Gallia County Auditor.
Before January 31, licensing rate is \$100.00 for the first 5 tags and \$1.00 for each additional tag. After January 31, statutory late penalty increases the licensing rate to \$200.00 for the first 5 tags. Your application cannot be processed without the correct fees.
4. Please return the application and check or money order. A receipt will be returned to you with your 2025 license tag(s).

Tags may be purchased in person at the Gallia County Auditor's Office, 18 Locust St, Gallipolis. 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 2025

ROBERT JACKS, GALLIA COUNTY AUDITOR
18 LOCUST ST, GALLIPOLIS, OHIO 45631

Breeds Kept	# Males	# Females

License	# Tags	Fee Paid	Penalty	Total
Kennel License	--- 5 ---	\$100.00		
Add'l Tags (optional)		\$1.00 (each)	-----	
--- Office Use: 2025 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, 05.
The undersigned says that the facts indicated above ARE TRUE.

TOTAL FEES	\$
DONATION	\$
TOTAL PAID	\$

Owner Information

Name: _____

Street Address: _____

Mailing Address: _____
if different(e.g. P.O. Box)

City: _____ State: _____ ZipCode: _____

Signed: _____

Email: _____

Ph1: _____ Ph2: _____ Ph3: _____