



**TIFFANY RIDGEWAY**  
**JACKSON COUNTY AUDITOR**  
 226 E. MAIN STREET, SUITE 5  
 JACKSON, OHIO 45640

OFFICE HOURS  
 8:00 AM - 4:00 PM  
 Monday - Friday  
 (740) 286-4231

**INSTRUCTIONS FOR JACKSON 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**

Kennel Tags may be **ONLY** be purchased in person at the Jackson County Auditor's Office or Dog Warden's Office. **Please bring this application when purchasing tags.**

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. **Before January 31**, licensing rate is \$70.00 for the first 5 tags and \$1.00 for each additional tag. **After January 31**, statutory late penalty increases the licensing rate to \$140.00 for the first 5 tags.

County Auditor's Office  
 226 E. Main Street, Ste 5.  
 Jackson, OH 45640  
 (740) 286-4231

County Dog Warden  
 248 Reservoir Rd.  
 Jackson, OH 45640  
 (740) 286-7262

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

Breeds Kept	# Males	# Females

TIFFANY RIDGEWAY, Jackson County Auditor  
 226 E. MAIN STREET, SUITE 5; JACKSON, OHIO 45640

License	# Tags	Fee Paid	Penalty	Total
Kennel License	--- 5 ---	\$70.00		
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.

**Owner Information**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
if different(e.g. P.O. Box)  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_  
 Date Signed \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email \_\_\_\_\_  
 Deputy or Agent \_\_\_\_\_