STATE OF THE STATE	STATE OF CONNECT DEPARTMENT OF AGRICUL BUREAU OF REGULATORY SER	TURE FOOD SAFETY & PRODUCE SAFETY 860-713-2508 FOOD SAFETY & PRODUCE SAFETY 860-713-2522 LIVESTOCK/POULTRY
Town/City Zoning Certifi	cation of: (check all that apply)	
Pet Shop Training Facility	Grooming Facility	Commercial Kennel
Facility Name:		
Facility Address:		
Printed Name of Applicant	Signature of Applicant	Date of Signature
Zoning certification is required f new location. A license for the above named new	BE COMPLETED BY THE ZONING ENFORCEME for a new license, new facility, new owner of the busine w facility, new owner or new business location will not be is icial. The zoning official's signature certifies that the above	ess, or when the business has moved to a sued by the Department of Agriculture unless
this form is signed by a zoning offic conformance with existing city/tow	n zoning regulations.	
this form is signed by a zoning offic conformance with existing city/tow  Printed Name of Town	n zoning regulations.	