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# Georgia Department of Agriculture

COMMISSIONER TOMMY IRVIN  
ANIMAL PROTECTION SECTION  
19 M.L. KING, JR, DRIVE, ROOM 128  
ATLANTA, GEORGIA 30334-2001  
Office: 404.656.4914  
Fax: 404.463.8195

DO NOT USE THIS SPACE  
LICENSE NO. 1729  
DATE ISSUED 7-03-03  
VOUCHER NO. 000027  
AMOUNT: 200  
ITN1102

late rec'd - 7.2.0  
check # 8759908942

## THIS APPLICATION FOR LICENSE RENEWALS ONLY...

### APPLICATION FOR:

In compliance with the Georgia Animal Protection Act and the Department of Agriculture Registration, License and Permit Act, I hereby make application for the type license(s) checked below:

- ANIMAL SHELTER
- KENNEL
- PET DEALER

### \*PLEASE MARK APPROPRIATE BOX(ES)

- LICENSE RENEWAL
- CHANGE OF ADDRESS
- CHANGE OF TELEPHONE NUMBER
- CHANGE OF OWNERSHIP

(Please print legibly or type this application)

\*\*\*\*\*  
 Name of Establishment/Facility Keystone Kennel  
 Street Address 5717 Cumming Hwy.  
 City Canton County Cherokee State Ga Zip 30114  
 Home Phone 779-5344 Business Phone same Fax \_\_\_\_\_  
 Name of Applicant (Owner) Patti McCarty  
 Mailing Address of Applicant 5717 Cumming Hwy  
 City Canton County Cherokee State Ga. Zip 30114  
 Previous Name if applicable \_\_\_\_\_  
 Previous License Number if applicable \_\_\_\_\_ 81779

1) **LICENSE FEES:** Fees are determined by applicant using the criterion below. Note: If you are maintaining a combination of businesses at this same location (i.e. kennel and pet dealer) you need only apply for the one license that would generate the largest license fee. **Animal Shelters stand alone and cannot be considered as a combination** (Please enter your determined fee amount in the blank space provided):

- A) **Animal Shelter** - \$ \_\_\_\_\_  
fee based upon the holding capacity (to include foster homes) at the time of license application or renewal;
  1. capacity for up to and including 20 animals - \$100.00 fee
  2. capacity for over 20 animals - \$200.00
- B) **Kennel** - \$ \_\_\_\_\_  
fee based upon the holding capacity at the time of license application or renewal.
  1. capacity for up to and including 20 - animals - \$100.00 - fee
  2. capacity for over 20 animals - \$200.00 fee
- C) **Pet Dealer** - \$ \_\_\_\_\_  
fee based only upon gross volume of animal sales or set fee.
  1. up to \$1,000.00 gross - \$50.00 fee
  2. ~~\$1,000.00 to \$10,000.00 - \$100.00 fee~~ plus \$100. - late fee
  3. \$10,000.00 and over - \$200.00 fee
  4. pet dealers not having a permanent fixed facility in Georgia - \$200.00
- D) Combination of businesses  Yes  No Types: \_\_\_\_\_



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2) Please indicate the type of ownership by checking appropriate blank.

City \_\_\_\_\_ County \_\_\_\_\_ Non-Profit Corporation \_\_\_\_\_  
Organization \_\_\_\_\_ Partnership \_\_\_\_\_ Individual  \_\_\_\_\_  
Other(explain) \_\_\_\_\_

3) List the name and address of all officers of the corporation, partners, or members of the organization (attach additional sheet, if necessary):

NAME	TITLE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

4) Designate the applicant's registered agent for service of process including the agent's name and address: (if none indicate self):

\_\_\_\_\_  
\_\_\_\_\_

5) Please indicate in the space below whether you as an individual, any partner, any member of the organization, or any officer of the corporation has been convicted of a felony or found in violation of any law, rule, regulation or quarantine administered by or through the Georgia Department of Agriculture.  YES  NO

If your answer is yes to the above question, please describe the conviction or violation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) If operating another pet related business at a different location, additional names and location of these businesses must be listed. This would include breeding and raising of pet animals at your residence. **A separate license must be obtained for each business location.** (Attach additional sheet if necessary):

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

As owner, partner, member of the organization, officer of the corporation or manager of the operation, I am duly authorized to sign this application. I attest to the fact that the foregoing information documented on this application is true, complete and correct. The regulations have been read and the premise, subject to be licensed, meets all requirements of the Georgia Animal Protection Act, and the Rules and Regulations promulgated there under.

The applicant is a non-resident of Georgia, and hereby consents to and makes himself/herself/itself/themselves subject to the jurisdiction and venue of the courts of the state of Georgia and of the county of Fulton and the county in which any violation occurs and agrees that service of process shall be made by certified U.S. mail or other delivery service to the address herein given.

I attest that the operation of this facility in no way conflicts or violates any zoning and planning requirements of the local jurisdiction in which I reside.

Patt McCarty owner  
Signature of Authorized Person Title

Print or type Name of Signatory  
June 30, 03  
Date of Application

PLEASE ENCLOSE YOUR CHECK OR MONEY ORDER MADE PAYABLE TO THE GEORGIA DEPARTMENT OF AGRICULTURE AND SUBMIT ALONG WITH COMPLETED APPLICATION TO:

Animal Protection Section  
19 Martin Luther King Jr. Drive, SW, Room 128  
Atlanta, Georgia 30334-2001



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Pre-License Inspection

Routine

Re-inspection

Complaint  
Original Insp. Date 12/10/03  
 Closed  Unfounded

Violation Follow-up

Investigation

GEORGIA DEPARTMENT OF AGRICULTURE  
 COMMISSIONER TOMMY IRVIN  
 ANIMAL PROTECTION SECTION

Change of Info.

Delete

Meeting

Not at Home

Miscellaneous

INSPECTION REPORT

Date: 7-8-03

Establishment Name Keystone Kennel

Establishment # 81779 License # P1729

Address 5717 Cumming Hwy

City Carters Zip 30114 County Cherokee

Phone # 7-479-5344 Fax # \_\_\_\_\_

Name Ray DeJum

Inspector # 2201

Facility: Inside  Outside  Both

Begin Time: 12:00

End Time: 13:20

\_\_\_\_\_ # of Enclosures  
75 # of Breeding Animals

Animal Shelter  Bird Dealer  Pet Dealer  Kennel

REQUIREMENTS								
Premise	Pass	Fail	N/A	Performance	Pass	Fail	N/A	
1. Current License Displayed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Record keeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Building: State of Repair/Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Pest Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 Adequate Temp. Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 Adequate Ventilation 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Waste Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Animal Care</b>				
<b>Enclosures</b>				17. Classification & Separation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 Space Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Adequate Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Interior Surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Adequate Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 Structural Strength	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. 4. Selling or adoption of injured/ diseased/abnormal animals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 Shelter from the Elements <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Minimum Age to Sell & Adopt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22. Tethering	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				23. Euthanasia	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				24. Humane Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Pass - met all elements of the particular requirement  
 Fail - failed to meet one or more elements of the particular requirement

REMARKS:  
Received a complaint on this facility for not providing AKC paper work in a timely manner. A min-pin puppy was purchased on 12-11-02, and as of today

Patricia McCarty  
 I have read and understood the contents of this report  
 Signature Owner  Manager  Employee

JUL 10 2003  
Ray DeJum  
 Inspector's Signature  
 \_\_\_\_\_  
 Inspector's Signature