

**GEORGIA DEPARTMENT OF AGRICULTURE
EQUINE HEALTH SECTION
19 M. L. KING, JR., DRIVE, ROOM 122
ATLANTA, GEORGIA 30334-4201
404-656-3713 equine-licensing@agr.georgia.gov**

APPLICATION TO OPERATE AN EQUINE STABLE

<u>TYPE OF APPLICATION</u> <u>CHECK APPROPRIATE BOX</u>	
<input type="checkbox"/>	NEW
<input type="checkbox"/>	RENEWAL Current License #
<input type="checkbox"/>	STABLE NO LONGER IN BUSINESS <i>(Complete Items 1 & 2 below and date & sign on page 2)</i>
<input type="checkbox"/>	OTHER
<input type="checkbox"/>	PRE-LICENSE INSPECTION [<input type="checkbox"/>] Pass [<input type="checkbox"/>] Fail

<u>FOR OFFICE USE ONLY</u> <u>DO NOT WRITE IN THESE SPACES</u>	
NEW LICENSE NUMBER:	
DATE NEW LICENSE ISSUED:	
CHECK NUMBER:	
AMOUNT PAID:	
ESTABLISHMENT NUMBER:	

In compliance with the Georgia Animal Protection Act and the Department of Agriculture's Registration, License and Permit Act, the following application is hereby submitted for approval.

NOTICE TO ALL STABLE LICENSE APPLICANTS FACILITY INFORMATION

The following information will appear on your stable license. If a stable name is not entered, the licensee's name will be used.
If you do not have a NAIS Premises ID go to www.agr.georgia.gov for information or to apply online.

1 Name of Facility:	Premise Identification:
2 Street Address: <i>(Use only actual street or rural route (RR) address)</i>	City:
State:	ZIP Code:
	County:

LICENSEE (STABLE OWNER/OPERATOR) INFORMATION

3 Legal Name of Licensee:		
4 Mailing Address:		City:
State:	ZIP Code:	County:
Home Phone:	Business Phone:	Cell Phone:
Barn Phone:	Fax:	
Web-Site:		E-Mail Address:

5 STABLE LICENSE APPLICATION FEE *(Please read this section carefully before continuing):*

License fees License fees are based on the total number of equine present on the property. This includes all equine owned by the applicant as well as all equine owned by other individuals. If the number of equine present at any time during the license period exceeds the minimum for the next class of fees, the stable operator must file an amendment to the application and pay the higher fee

Late Fees ***LICENSE FEES ARE DOUBLED FOR ANY LICENSE NOT RENEWED WITHIN 10 DAYS FOLLOWING THE LICENSE EXPIRATION DATE OR FOR THE ISSUANCE OF A NEW LICENSE TO ANY PERSON WHO HAS NOT APPLIED FOR A LICENSE WITHIN 10 DAYS FOLLOWING RECEIPT OF NOTICE THAT A LICENSE IS REQUIRED.***

A) Number of Equine: *(Check the appropriate box for the number of equine on the property. Enter the number of equine in the "ENTER TOTAL NUMBER OF EQUINE HERE" box) (This cannot be an estimated, average, or in-between number, it must be an actual number)*

Enter Total Number of Equine Here >

<input type="checkbox"/> Up to and including 10 equine	\$100
<input type="checkbox"/> Capacity from 11 to 20 equine	\$200
<input type="checkbox"/> Capacity from 21-30 equine	\$300
<input type="checkbox"/> Capacity for 30+ equine	\$400
<input type="checkbox"/> Equine Rescue	\$200

*(Enter the amount of **your** license fee and **not** the amount of fees charged to customers):*

License Fee:

\$

(Enter the total amount of late fee currently owed; if none, enter (0)):

Late Fee (if applicable):

\$

(Enter the total amount of the license fee plus any late fees owed):

Total Amount Due:

\$

6 STABLE FACILITY INFORMATION:

- A) Check the appropriate type(s) of facility or services that are offered: Full Board Partial Board Pasture Board Breeding
 Training Lessons Pony Rides Carriage Rides Trail Rides Events Rescue
- B) Enter the primary type(s) of discipline(s) that are offered (*Hunt Seat, Saddle Seat, Stock Seat, etc*): _____
- C) Enter the primary breed of equine: _____
- D) Does your facility have an emergency evacuation plan? Yes No
- E) Would your facility be interested in housing equine in the event of a disaster/emergency? Yes No
(If yes, you agree to allow the department to make this information available to the public)
- F) Number of Equine that can be stalled _____ and or pastured _____.
- G) Description of Facility (stalls, fencing, etc) _____
- H) Health Requirements _____
- I) Restrictions (if any) _____

7 OWNERSHIP INFORMATION (Please read this section carefully before continuing):

Check the appropriate box that most closely matches the type of ownership of this facility: *(Please note: if you check the **corporation** box, you must be in compliance with the state's corporation laws as administered by the Georgia Secretary of State. If this box is checked, you are declaring the facility named on this application, including all corporate information such as names and address are the same as that provided to the Secretary of State. A copy of the current incorporation registration must be attached to this application*

City County Corporation Association Animal Welfare Partnership Individual Other *(Please explain other)*

8 List the names, titles, and addresses of all owners of 10% or more interest in the business. List all managers, partners, officers of the corporation, or members of the association (*Attach additional sheet(s), if necessary.*) **NOTE:** any significant change in these designations [additions/deletions in managers, partners, officers, 5% or more change in ownership, 10% change in association membership] after initial application must be reported to the Department in writing within 10 days of the change.

<u>Name</u>	<u>Title</u>	<u>Address</u>

9 Designate the Applicant's registered agent for receipt of service of legal process in Georgia, including the agent's name and street mailing address in Georgia. PO Box Numbers cannot be used.

<u>Name</u>	<u>Address</u>

10 Have you, any partner, or any member of the organization or any officer of the corporation, 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 yes, please describe the type of violation and punishment.)*

<u>Name and Type of Violation(s)</u>	<u>Punishment(s)</u>	<u>Date</u>

11 DRIVING DIRECTIONS (Required)

BEGINNING AT MAIN HIGHWAY: _____

Please check the best day(s) for inspection: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Please indicate the best time(s) for inspection: Morning Afternoon Evening

PLEASE READ THE FOLLOWING BEFORE COMPLETING THE INFORMATION BELOW

I, the undersigned, as owner, partner, organization member, corporation officer, or manager of the operation, am duly authorized to sign this application. I also attest to the fact the foregoing information documented herein is true, complete, and correct. I have read and understand the pertinent regulations and agree the premises, subject to be licensed, meet all requirements of the Georgia Animal Protection Act, and the Rules and Regulations promulgated there under. I attest that the operation of this establishment in no way conflicts or violates any permitting or licensing requirements, ordinance, zoning and/or planning requirements of the local jurisdiction in which the facility exists.

 Print or Type Name

 Title

 Signature of Authorized Person

 Date