

**Michael L Smith, Licking County Auditor**20 S. 2<sup>nd</sup> Street, Newark, Ohio 43055

740.670.5040 -or- 740.670.5072

**Dog License Application****Purchase Online at [LickingCountyOhio.us](http://LickingCountyOhio.us)**

Please notify the Auditor's office if you no longer have a dog(s).

Name and Address

Phone

**Annual License Fees:**

	1YR	3YR	Permanent	Personalized
Dec 1-Jan 31	\$22.00	\$66.00	\$220.00	\$44.00
After Jan 31 w/ Penalty	\$44.00	\$88.00	\$242.00	\$66.00

Personalized Tags: \$22 goes to the Dog Shelter Medical Fund (form available on our website.)

Dangerous Dog License must be done in person at Dog Shelter.

Type	Dog Name (required field)	Age	Sex	Hair L/S	Color #(s) (select # from reverse)	Breed	Tag Number	Amt	Penalty

Total Amount Due:

- **IT'S THE LAW (orc 955.01)**
- **All dogs three (3) months of age or older must be licensed each calendar year**
- **No dog shall be harbored, kept, or owned without displaying a valid registration tag. (The law applies regardless of whether the dog is kept inside or out)**  
**ENCLOSE the FOLLOWING:**
- **Return entire form including the bottom portion.**
- **Make any changes to address, phone number and email**
- **Please include Self-addressed, STAMPED envelope**
- **Make checks payable to: Licking County Auditor**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

**AUDITOR USE ONLY****AUDITOR USE ONLY****AUDITOR USE ONLY**Dog tags will be returned once **SELF-ADDRESSED, STAMPED** envelope, funds & **ENTIRE** form are received\*.

Type	Dog Name (required field)	Age	Sex	Hair L/S	Color #(s) (select # from reverse)	Breed	Tag Number	Amt	Penalty

\*Failure to provide self-addressed, stamped envelope will cause delay in receiving tags.

Total Amount Paid: