



**NEW YORK STATE
DEPARTMENT OF AGRICULTURE AND MARKETS
10B AIRLINE DRIVE; ALBANY, NY 12235
DIVISION OF ANIMAL INDUSTRY
RESCUE REGISTRY APPLICATION**

FRONT & BACK OF APPLICATION MUST BE FULLY COMPLETED!

Any and all fosters associated with this location must be submitted on this application.

➤ Please submit:
\$100.00 non-refundable annual registration fee.

Include registration fee by check/money order payable to “NYS Dept. of Agriculture & Markets”.

Renewal applications must be submitted to the commissioner at least 30 days prior to the commencement of the next license year.

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| Office Use Only | |
| Receipt No.: | _____ |
| Amount Received: | <input type="checkbox"/> \$100 |
| INSPECTOR(S): | |

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| NEW APPLICANT _____ | RENEWAL APPLICATION _____ FEE \$100 | REGISTRATION # |
| FOR REGISTRATION PERIOD EXPIRING _____ | | |

| | | | |
|--|--------------------------------------|---|------------|
| Name of Organization President or Executive Director | | | |
| Organization Name | Name of Primary Organization Contact | Fed. ID # or Soc. Sec. # (REQUIRED) | |
| This establishment should be categorized as a: (check all that apply) <input type="checkbox"/> SPCA <input type="checkbox"/> Humane Society <input type="checkbox"/> Animal Protective Association | | | |
| <input type="checkbox"/> Rescue <input type="checkbox"/> Other Incorporated Animal Adoption/Rescue Organization (Please specify) _____ | | | |
| Organization Street Address | | City | State Zip |
| County | Date Organized | Org. Tel # | Org. Fax # |
| Mailing Address (if different) Attn: | Street | City | State Zip |
| E-mail address | | Website URL | |
| Employer ID # (EIN) | | NYS Charities Bureau Registration # (REQUIRED) | |

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| <p>For foreign or out-of-state organizations:</p> <p>New York State Filing Date:</p> <p>Name and Address (Street & No., City, State, Zip) of a New York State Resident upon whom Service of Process may be made:</p> | <p>ATTACHMENTS (ALL DOCUMENTS REQUIRED)</p> <p>Attach all of the following documents to this Application:</p> <ul style="list-style-type: none"> • Certified certificate of incorporation as a not-for-profit organization in New York State; and • Bylaws or other organizational rules, and any amendments; and • IRS tax exemption determination letter |
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| <p>Enter the NUMBER of dogs and cats taken in, adopted, or otherwise transferred in or out in a calendar year (Jan. 1 – Dec. 31):</p> <p># _____ Dogs in # _____ Dogs out # _____ Cats in # _____ Cats out</p> <p>Enter the number of animals currently harbored (from all locations) at the time of this application:</p> <p># _____ Dogs # _____ Cats</p> <p>Description of facilities in which animals are housed:</p> |
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IF APPLICANT UTILIZES **FOSTER HOMES**, THE FOLLOWING SECTION MUST BE COMPLETED:
 (ATTACH ADDITIONAL ENTRIES ON A SEPARATE SHEET)

| Name of Foster | Address (Street & No., City, State, Zip) | Foster Tel. # | Description of Facilities |
|----------------|--|---------------|---------------------------|
| | | Home # | |
| | | Cell # | |

Has the applicant or any partner, officer, director or stockholder been convicted of, or pleaded guilty to, any violation of any provision of Article 26 or 26A of New York Agriculture and Markets Law or regulations promulgated hereunder pertaining to humane treatment of animals, cruelty to animals, endangering the life or health of an animal, or violation of any federal, state, or local law pertaining to the care, treatment, sale, possession, or handling of animals or any regulation or rule promulgated pursuant thereto relating to the endangerment of the life or health of an animal?

YES NO If yes, state the full name of the person _____

Name of Court and its location _____

Date of Conviction _____ and attach a "Certificate of Conviction".

If a "Certificate of Conviction" has been provided and registration issued on a prior application, please check this box

The undersigned applies for Exemption from NYS Pet Dealer status pursuant to §408 Article 26A of the Agriculture and Markets Law of the State of New York and in support of this application, makes the above statements and agrees to comply with the requirements of Article 26A.

The applicant represents that satisfactory housing, sanitation, feeding and watering, handling, veterinary care, records and practices exist to maintain the establishment in a clean, sanitary and humane condition and that the cleaning, maintenance and operation of the establishment is such that the dogs and cats are cared for under Article 26-A of the Agriculture and Markets Law.

The issuance of registration is based upon continued compliance with all requirements associated with the humane care and adoption of dogs and cats directly to the public as a not-for-profit organization.

Applicant consents to free entry and will permit free access to the registered premises, buildings and offices to the Commissioner, the Commissioner's agents and inspectors, in pursuance of the Commissioner's duty to supervise and regulate the dogs and cats, facilities, records, and other articles subject to the Commissioner's jurisdiction.

Upon approval from the Commissioner, registration will be issued to the applicant and an exemption from the definition of Pet Dealer will be granted. Written approval will be provided by the Commissioner along with a Pet Dealer Exemption Identification Number, which is to be conspicuously displayed on the registrant's websites, publications, or advertisements made to the public.

I understand the statements made in this application will be accepted, for all purposes, as the equivalent of an Affidavit.

In addition to being a basis for denial or revocation of registration, any false statements made herein are punishable pursuant to Section 210.45 of the Penal Law of the State of New York.

| ORIGINAL SIGNATURE OF AUTHORIZED REPRESENTATIVE | TITLE | DATE |
|---|-------|------|
| | | |



APPLICANTS MUST PROVIDE ALL REQUESTED INFORMATION^{***}

ALL SHADED AREAS MUST BE FILLED OUT. SHOULD YOU FAIL TO DO SO, YOUR APPLICATION MAY NOT BE PROCESSED. QUESTIONS? CALL (518) 457-3502 OR WRITE TO THE ADDRESS ON THE FRONT OF THIS FORM.

AUTHORIZATION AND PURPOSE

*Disclosure of your federal social security and federal employer identification numbers is mandatory and is authorized by Section 5 of the New York State Tax Law. This information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liability and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance and for any other purpose authorized by the Tax Law.

**The authority to solicit the information requested above is found in Section 16 of the Agriculture and Markets Law and in the sections relating to the specific registration you are seeking. This information is collected to enable the Department to evaluate your application, to determine if the registration should be issued and to assist in the enforcement and administration of the Agriculture and Markets Law.