

LICENSE RENEWAL APPLICATION
(For period July 1, 2016 - June 30, 2017)

ILLINOIS DEPARTMENT OF AGRICULTURE
Bureau of Animal Health and Welfare
State Fairgrounds - PO Box 19281
Springfield, Illinois 62794-9281
TTY (217) 524-6858; (217) 782-6657

14269 WILL

FURRY BABIES JOLIET, INC.
SOSKIC, ANA & ROGER TROLINGER
3340 MALL LOOP DRIVE SUITE [REDACTED]
JOLIET, IL 60431

1240

CHECK CURRENT LICENSE TYPE AS DEFINED BY THE ILLINOIS ANIMAL WELFARE ACT:

- Pet Shop Operator
- Cattery Operator
- Dog Dealer
- Kennel Operator
- Animal Control Facility
- Animal Shelter
- Horse Rescue
- Guard Dog Service

(For Office Use Only)

Check #: 4308

Check Amount: \$25

Date License Issued: 6/20/16

Revenue Code: 081/080 083/082 031/030 033/032
034/035 084/085 089/090 182/183

If this facility is no longer in business, , turn page over, sign, date, and return in envelope provided.

1. Are the name, address, and telephone number above correct? Yes No (If no, list any corrections below)

suite # 1240

2. Normal Business Hours 3. Business Telephone

M-Sat 10-9 Sun 11-6 (815) 577-9800

Business information will be available to the public.

4. Fax Number

(815) 577-9892

5. Business E-mail Address

furrybabiesjoliet@yahoo.com

6. Has there been an ownership change during the past year not reported to the Bureau? Yes No

PLEASE NOTE: If yes, this form is VOID and business owner must request a new application; however, if the business has had a partnership change by adding or deleting a partner, changes can be noted on the line below.

7. Section 25.90 of the Rules and Regulations of the Animal Welfare Act requires that each licensee report to the Department at the time of license renewal the number of dogs, puppies, cats, kittens, and exotic or non-domesticated animals sold for the previous calendar year. If kennel license is for boarding only, check this box: (If checked, continue with question 9.)

Dogs sold 0

Puppies sold 414

Cats sold 0

Kittens sold 0

Exotic and non-domesticated animals sold* 0

*Exotic or non domesticated animals include mammals, reptiles, and birds not native to North America and native mammals that are not domesticated and normally maintained as pets. Fish are excluded, as are the following animals born in the United States: hamsters, mice, gerbils, rats, and birds.

8. Shelters and Animal Control Facilities must report to the Department at the time of license renewal the total number of dogs, cats, and other animals received, adopted, euthanized, or reclaimed by the owner for the previous calendar year. (Jan.-Dec.)

Beginning inventory _____
 Dogs received _____
 Dogs adopted _____
 Dogs reclaimed _____
 Dogs euthanized _____
 Ending inventory _____

Beginning inventory _____
 Cats received _____
 Cats adopted _____
 Cats reclaimed _____
 Cats euthanized _____
 Ending inventory _____

Beginning inventory _____
 Other animals received _____
 Other animals adopted _____
 Other animals reclaimed _____
 Other animals euthanized _____
 Ending inventory _____

OVER



9. **CERTIFICATION:** Failure to check one of the boxes below and sign the application may result in the Department refusing to process your application:

According to the Illinois Administrative Procedures Act, each state agency must require license holders to certify the following:

"I hereby certify, under penalty of perjury, that (please check one)



Failure to so certify may result in denial of the application/renewal; and making a false statement may subject the licensee to contempt of court (5ILCS 10/1 0-65 c)

| | | |
|---|----------|---|
| LICENSE RENEWAL FEE | \$ 25.00 | Signature of Authorized Agent <u>U-14-14</u> |
| LATE FEE (\$15.00, if postmarked after June 30, 2016) | | |
| TOTAL ENCLOSED | \$ 25.00 | |
| Make check or money order payable to Illinois Department of Agriculture | | |

By virtue of signing this application, the applicant grants permission to authorized employees of the Department of Agriculture to inspect the licensed premises during reasonable business hours or at other times deemed necessary by the Department to enforce the laws of the State of Illinois. Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

IF THIS FACILITY IS NO LONGER IN BUSINESS, PLEASE SIGN, DATE, AND RETURN IN THE ENVELOPE PROVIDED. _____ Signature _____ Date

RECEIVED
JUN 17 2016

Illinois Dept. of Agriculture
DIVISION OF FOOD SAFETY &
ANIMAL PROTECTION

CHECK # 4308
AMOUNT \$ 25.00

IMPORTANT NOTICE

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 225 ILCS 605/1 22. Failure to provide this information shall prevent this form from being processed. This form has been approved by the Forum Management Center.

**APPLICATION WITH FEE MUST BE POSTMARKED OR RECEIVED
BEFORE JULY 1, 2016 TO AVOID \$15 LATE FEE**

ILLINOIS DEPARTMENT OF AGRICULTURE
Bureau of Animal Welfare

INSPECTION OF ANIMAL WELFARE LICENSEES

Name & Address of facility:

Name: Furry Babies Joliet Inc.
Address: 3340 Mall Loop Dr.
City: Joliet Zip Code: 60431
Phone No.: 577-9800 Area Code: 815
Owner: Ana Sarkis & Peggy Trullinger

- 1. Initial Routine Special
- 2. Date of Inspection Mar 16, 2016
- 3. County Will License No. 14269
- 4. Code: #1 PO #2 CO #3 DD #4 KO Posted? yes
#5 AC #6 AS #7 GS #8 FH
- 5. Person Interviewed Alicia Position mgr
- 6. Business Hours: 10-9 daily

- 7. BUILDINGS & PREMISES: Acceptable Unacceptable
 - a. Appearance: Acceptable Unacceptable
 - b. Floor: Acceptable Unacceptable
 - c. Ventilation: Acceptable Unacceptable
 - d. Temperature: Satisfactory Unsatisfactory

8. State reason for any unacceptable or unsatisfactory in Items 7 or 9.

- 9. SANITATION: Acceptable Unacceptable
 - a. Dog Cages: Acceptable Unacceptable
 - b. Dog Runs: Acceptable Unacceptable
 - c. Cat Cages: Acceptable Unacceptable
 - d. Bird Cages: Acceptable Unacceptable
 - e. Other Cages: Acceptable Unacceptable

f. Floors & Walls in Animal Area are:
Good Fair Unacceptable
Odorless Odorous
Disinfectant used? Vinylon & Bleach
Drainage: Sewer Septic Filter
Waste Disposal garbage

- 10. ANIMALS: Number of Dogs - Puppies 15 Cats - Birds - Fish - Other -
 - a. Appearance: Good Fair Unacceptable Comment _____
 - b. Health: Good Fair Unacceptable Comment _____
 - c. Care: Water Feed Comment _____
 - d. Isolation Room Yes No Comment _____

- RECORDS: - O if health papers + checked
- 11. Satisfactory? O.K. PS-5 Form Used? _____ Other _____
- 12. Source of Dogs: Quail Creek Kennel - OH
- 13. Terms of Guarantee: 4 day vet check
- 14. Veterinarian's Name & Address: Michael A.H. - Oakland Park
- 15. How often animals seen by Veterinarian: every Wednesday
- 16. Medication prior to sale: preventative
- 17. Improvements Required: _____

18. REMARKS: O.K.

Signature of Person Interviewed _____ Inspector's Signature _____

ILLINOIS DEPARTMENT OF AGRICULTURE
Bureau of Animal Welfare

INSPECTION OF ANIMAL WELFARE LICENSEES

Name & Address of facility:

Name: Furry Bobbers Tol. et. Inc
Address: 3340 Mall Loop Dr., Suite 1452
City: Joliet Zip Code: 60431
Phone No.: 577-9800 Area Code: 815
Owner: Ana Sobier & Roger Trullinger

1. Initial Routine Special
2. Date of Inspection March 3, 2016
3. County Will License No. 14269
4. Code: #1 PD #2 CO #3 DD #4 KO Posted? Yes
#5 AC #6 AS #7 GS #8 FH
5. Person Interviewed Cheryl Position mgr
6. Business Hours: 10-7 daily

7. BUILDINGS & PREMISES: Acceptable Unacceptable
a. Appearance: Acceptable Unacceptable
b. Floor: Acceptable Unacceptable
c. Ventilation: Acceptable Unacceptable
d. Temperature: Satisfactory Unsatisfactory

8. State reason for any unacceptable or unsatisfactory in Items 7 or 9.

9. SANITATION: Acceptable Unacceptable
a. Dog Cages: Acceptable Unacceptable
b. Dog Runs: Acceptable Unacceptable
c. Cat Cages: Acceptable Unacceptable
d. Bird Cages: Acceptable Unacceptable
e. Other Cages: Acceptable Unacceptable

f. Floors & Walls in Animal Area are:
Good Fair Unacceptable
Odorless Odorous
Disinfectant used? Virbacid & Bleach
Drainage: Sewer Septic Filter
Waste Disposal private

10. ANIMALS: Number of Dogs 2 Puppies 15 Cats - Birds - Fish - Other -
a. Appearance: Good 2 Fair - Unacceptable - Comment _____
b. Health: Good 2 Fair - Unacceptable - Comment _____
c. Care: Water 2 Feed 2 Comment _____
d. Isolation Room Yes No Comment _____

RECORDS:
11. Satisfactory? OK PS-5 Form Used? - Other * OK & MO health papers
* discharge
12. Source of Dogs: Primal Crack Kennel - From OH; Betty Foster - Nange MO
13. Terms of Guarantee: 4 day pet check
14. Veterinarian's Name & Address: Medvet S.H. - Orland Park
15. How often animals seen by Veterinarian: every Wednesday
16. Medication prior to sale: preventative
17. Improvements Required: _____

18. REMARKS: OK

Inspector's Signature

Note: Obtain business card or sales slip and attach to back of report.