



## APPLICATION FOR COMMERCIAL DOG WALKER PERMIT

Issued pursuant to CCSF Health Code Article 39



*Before you submit your application for a Commercial Dog Walker Permit, go through the following checklist. Make sure you have that information available.*

*\*For complete information about the law, please visit [www.sfdogwalkerlaw.com](http://www.sfdogwalkerlaw.com)*

### **Checklist for Completion of Application for Commercial Dog Walker Permit:**

- ☐ Completed and signed Application for Commercial Dog Walker Permit.
- ☐ Copy of current valid business registration certificate under San Francisco Business and Tax Regulations Code Section 853 for a commercial dog walking business, in the name of applicant or applicant's employer.
- ☐ Personal identification (1) verifying permittee's address and (2) including photo identification. Examples include a copy of a valid driver's license or passport.
- ☐ Evidence of commercial general liability coverage in the amount of \$1,000,000 for bodily injury, property damage and personal injury liability.
- ☐ Completed training required by Section 3906, as evidenced by the following:
  - Proof of Completion of Commercial Dog Walker Training, as required by Section 3906(a)(1); or
  - Proof of Completion of Commercial Dog Walker Apprenticeship, as required by Section 3906(a)(2); or
  - Copy of valid business registration certificate under San Francisco Business and Tax Regulations Code Section 853 for a commercial dog walking business in San Francisco (or, if another jurisdiction, as accepted by the Director) for the previous consecutive three (3) years, either (a) in the name of the applicant or (b) in the name of applicant's employer, with proof of applicant's continuous employment as a dog walker by such a business during such three-year period (March 31, 2010 or prior), in each instance, as required by Section 3906(c).
- ☐ Vehicle Inspection



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*The following sections are to be completed by the Dog Walker Applicant*

**Personal Information:**

Legal Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Vehicle Inspection Placard No. (if applicable): \_\_\_\_\_

California Driver's License No.: \_\_\_\_\_

Vehicle Information (make/model/color): \_\_\_\_\_

License Plate No: \_\_\_\_\_

**Commercial Dog Walking Business Information (if applicable):**

Legal Name of Business: \_\_\_\_\_

Business License No.: \_\_\_\_\_

DBA (if any): \_\_\_\_\_

Owner's Complete Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_



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**Background Information:**

How long have you been in business as a commercial dog walker?

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Please describe where and with whom you received your commercial dog walker training:

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When did you receive the commercial dog walking training?

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Please describe any additional commercial dog training that you have received (including what type, where such training was obtained and any applicable information regarding certification, if any):

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Have you ever been charged or convicted of a crime involving neglect or mistreatment of animals? If yes, please describe such charges, including the date(s) and location(s):

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### *Additional Commercial Dog Walker Permit Conditions Affidavit*

#### **Payment:**

- Commercial Dog Walker agrees to pay all fees based on the payment method identified herein.
- Commercial Dog Walker with outstanding payment(s) will not receive further permits until full payment is made.
- If your check does not clear, you must pay by cash, certified check or credit card
  - A \$25.00 non-sufficient fund administration fee will be added to the outstanding balance.
  - A \$25.00 NSF administration fee may be charged for accounts with declined cards.
- Receipt will be printed at the time the permit is issued by the Tax Collector.

#### **Fee Schedule:**

- \$240.00 initial Commercial Dog Walker permit fee.
- \$100.00 annual Commercial Dog Walker permit fee thereafter.
- Any lost Commercial Dog Walker permit/s will be subject to a replacement fee of \$50.00.
- All permits expire annually after March 31<sup>st</sup> of each year.

#### **Revocation:**

- Commercial Dog Walkers who fail to comply with any of the conditions stipulated within CCSF Health Code Article Section 39, Sections 39.01 through 39.13, and any of the conditions set out in this Application for Commercial Dog Walker Permit, will be guilty of an offense and will be subject to appropriate fines in accordance with CCSF Health Code Article Section 39.
- Commercial Dog Walker permits are issued only for use to the person identified on the permit.
- Commercial Dog Walker permits are not refundable or transferable.

The above-listed information is a declaration and serves as an affidavit. By affixing my signature to this affidavit, I hereby declare that I have not knowingly made any false, misleading, or fraudulent statement of facts in the permit application or any other document required by this process. I understand that falsification or misrepresentation of facts in the application process may result in administrative fines and revocation of San Francisco Commercial Dog Walker Permit and Business License. I acknowledge and agree that I have read and understand the conditions and obligations set forth in this Application for Commercial Dog Walker Permit, as well as those set forth in Article Section 39 of City and County of San Francisco Health Code regulating Commercial Dog Walkers, and I understand that my application is subject to the terms and conditions contained herein, which are subject to change, and all other applicable laws.

Signature of Commercial  
Dog Walker: \_\_\_\_\_

Date  
(dd/mm/yy): \_\_\_\_\_

Business Owner's Signature  
(if different from CDW): \_\_\_\_\_

Date  
(dd/mm/yy): \_\_\_\_\_

Please list most frequently used parks or dog walking route(s): \_\_\_\_\_



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**Payment:**

☐ Cash      ☐ Check/Money Order payable to "Animal Care and Control"

☐ VISA/MasterCard      No: \_\_\_\_\_ Exp. (mm/yy): \_\_\_\_\_

**Insurance Coverage:**

In addition to the information requested below, attach evidence of Commercial General Liability insurance coverage in the amount of \$1,000,000 for bodily injury, property damage and personal injury liability. If the insurance expires prior to the end of the permit period, Commercial Dog Walker may be required to provide evidence of renewal or update the insurance for the term of the permit.

Insurer: \_\_\_\_\_

Insurance Policy No.: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Notice Consent:**

Do you consent to being placed on a contact list for the purpose of the City & County of San Francisco notifying you of future events and changes concerning commercial dog walkers in San Francisco?      ☐ Yes      ☐ No

Your email address will be retained in a database for notification purposes only, and it will not be shared with other third parties.

If yes, please provide email address: \_\_\_\_\_

*The following section is to be completed by the Department of Animal Care and Control*

<input type="checkbox"/> "Grannied" In	<input type="checkbox"/> Identification	<input type="checkbox"/> Business Registration	<input type="checkbox"/> Training
<input type="checkbox"/> Employed by Business	<input type="checkbox"/> Sole Prop	<input type="checkbox"/> Insurance	<input type="checkbox"/> Vehicle Inspection

Permit No.:

Permit Issue Date (dd/mm/yy):

Permit Issued By: