



COLORADO Department of Agriculture

Inspection & Consumer Services Division

Pet Animal Care Facilities Act (PACFA) Application

- Application type options: New Application, Renewal, Previous Business Moved Locations / Change in Ownership, Adding Category to License

CDA Office Use Only table with columns for PL, Register, Scan, Attach, Process / Dep Date, and various fees/penalties.

License Category: Please select the categories that apply to the facility. The fee will be the cost of the highest priced category plus \$50 for each additional category.

- List of license categories: Aquarium Only \$350, Bird Breeder \$200, Cat Breeder \$300, Dog Breeder—Large Scale \$400, Dog Breeder—Small Scale \$350, Pet Animal Rescue \$ 225, Pet Animal Shelter: \$350, Pet Animal Shelter: \$ 400, Pet Animal Sanctuary \$350, Pet Boarding and/or Training \$400, Pet Handler \$175, Pet Transporter \$225, Reptile / Amphibian Breeder \$350, Retail / Wholesale of Pet Animals \$400, Small Animal Breeder \$350

Pet Grooming \$320. Please select which applies to your location (no additional fees). You will only select one of the following:

- Facility Owner: You own or lease a physical space and operate a grooming business.
Mobile Groomer: A facility that operates and performs grooming services at either a customers houses or a set location and uses their vehicle and/or trailer as their facility.
Self Wash Facility: A facility whose customers wash their own animals.
Independent Contractor. All Independent Groomers have the ability to work at up to 3 locations. You are required to inform us in writing if you drop or add locations.

Please list up to 3 locations (Include the Name & Address of each facility):

Blank lines for listing up to 3 locations.

Business Contact Information - All information is required. This information should be for the person who is legally responsible for the business and will be the main point of contact for the Facility.

Business Contact Information fields: Date of Birth, Legal First Name, Legal Middle Initial, Legal Last Name, Mailing Address, Physical Address, City, State, Zip Code, County, Preferred Phone Number, Alternate Phone Number, Email Address

Business Facility Information - All information is required. This should be the physical location of the business. Independent Pet Groomers with will enter the physical address of their home.

- Type of Business: Sole Proprietor (Complete & Submit Attached Immigration Form), Corporation, LLC, Partnership (Submit Summary of Business Listing with the Colorado Secretary of State), Government or Local Municipality ( Please call or email our office for required documents)

Business Facility Information fields: Business Name (Legal Name), DBA (Doing Business As / Name on Exterior of Building or Signage), Physical Address, City, State, Zip Code, County, Facility Phone Number, Alternate Person of Contact for Facility

# Pet Animal Care Facilities Act (PACFA) Application — Pg. 2

**Hours of Operation** - If you do not maintain 'regular business hours' for the public, you must identify the hours when your business is open for inspection. Pet Groomers—Independent Contractors, please enter the hours you work, not the hours of the facility

Please circle the hours that you are available. You must select at least two timeslots on two different days.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	8am—5pm	8am—5pm	8am—5pm	8am—5pm	8am—5pm	8am—5pm	8am—5pm
8am—10am	8am—10am	8am—10am	8am—10am	8am—10am	8am—10am	8am—10am	8am—10am
10am—12pm	10am—12pm	10am—12pm	10am—12pm	10am—12pm	10am—12pm	10am—12pm	10am—12pm
12pm—2pm	12pm—2pm	12pm—2pm	12pm—2pm	12pm—2pm	12pm—2pm	12pm—2pm	12pm—2pm
2pm—4pm	2pm—4pm	2pm—4pm	2pm—4pm	2pm—4pm	2pm—4pm	2pm—4pm	2pm—4pm
4pm—6pm	4pm—6pm	4pm—6pm	4pm—6pm	4pm—6pm	4pm—6pm	4pm—6pm	4pm—6pm

**Applicant Certification** - (all items must be completed)

- I certify that I am in compliance with all local laws, codes or ordinances pertaining to my business activities. \_\_\_ Yes \_\_\_ No. If No, please identify any code, ordinance, or law with which you are not in compliance and identify how you intend to resolve the matter.  
\_\_\_\_\_
- I am aware the information provided in this application will be used to perform a background search of public records to include municipal, county, and state court records. \_\_\_\_\_ (initial)
- I am aware it is my responsibility to review and comply with the PACFA Rules & Regulations. \_\_\_\_\_ (initial)
- I understand that PACFA Application/License Fees are non-refundable. If for any reason I do not open or close my business during the license year my application/license fee will not be refunded. I also understand that the license is non-transferable between locations and that if I move to a new location I must reapply and pay a new license fee. \_\_\_\_\_ (initial)
- Has the applicant or applicant's principals, partners, officers, or agents been charged, fined, sentenced, convicted, or entered a plea of guilty or no contest under any local, state or federal law pertaining to cruelty, neglect or abuse of animals? \_\_\_ Yes \_\_\_ No  
If Yes, provide the disposition \_\_\_\_\_ case number \_\_\_\_\_ jurisdiction \_\_\_\_\_  
and the name (s) of the defendants \_\_\_\_\_  
Charging and Disposition Court Documents May Be Required.
- Has the applicant or applicant's principals, partners, officers, or agents had a PACFA or similar license denied, revoked or suspended?  
\_\_\_ Yes \_\_\_ No. If Yes, please provide specifics:  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I affirm that the statements contained herein are true and accurate to the best of my knowledge. I understand that making a material misstatement in this application is grounds for disciplinary action against my license, which discipline may include denial of this application for licensure/renewal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

**Required documents in addition to this 2 page application:**

- Payment in the form of Check, Money Order or Credit Card. Please make Checks and Money Orders payable to the Colorado Department of Agriculture. Payment must be submitted with application and/or renewal, otherwise the documents will be returned to the applicant.
- If you are a Sole Proprietor, you must complete the attached Citizenship / Immigration Status verification form. Your identification must be valid and in good standing, otherwise the application will be returned to the applicant.
- LLC's and all Corporations must include the Summary Sheet from your Business listing on the Colorado Secretary of States website ([www.sos.state.co.us/biz](http://www.sos.state.co.us/biz))

**To submit your application please use one of these two options:**

Mail the completed form and documentation to:  
Colorado Department of Agriculture—PACFA  
2331 West 31st Avenue  
Denver, CO 80211

Scan and email the completed forms and documentation to  
[adrienne.bannister@state.co.us](mailto:adrienne.bannister@state.co.us)  
Fax to:  
720-634-0934

# Pet Animal Care Facilities Act (PACFA) Application — Pg 3

## Utilize this portion only if paying by Credit Card

Type of Credit Card

- Visa
- MasterCard
- American Express
- Discover

Name (as it appears on the card): \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

By signing below, I agree that the credit card above will be charged the full application amount. In addition, I agree to pay an additional non-refundable 2.25% of the total amount due to cover the cost of the credit card transaction and a one-time non-refundable processing fee of \$0.75.

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

Office Use Only	
PL: _____	
_____	2040 PACFA
_____	2050 Late Fee
_____	2070 Civil Penalty
_____	CC Transaction
_____	CC TTotal
_____	Process/Dep Date

## CITIZENSHIP/IMMIGRATION STATUS VERIFICATION AFFIDAVIT (v10 Nov 2016)

All state agencies are required to verify the lawful presence in the United States of all individuals and individuals doing business as sole proprietors who apply for certain public benefits including the license, permit or registration for which you are applying. (Colorado Revised Statutes section 24-76.5-103)

### STEP 1- CHECK AN OPTION, PROVIDE PERSONAL INFORMATION AND SIGN THE AFFIRMATION.

I swear and affirm under penalty of perjury under the laws of the State of Colorado that the information I have provided on this form is complete and accurate and **(CHECK ONE OPTION BELOW)**:

- (A)  I am a United States Citizen
- (B)  I am a permanent resident of the United States
- (C)  I am lawfully present in the United States pursuant to federal law

**AND** I understand that this sworn statement is required by law because I have applied for a public benefit that is subject to Colorado Revised Statutes section 24-76.5-103. I understand that this state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I understand that if I am not a United States citizen this law requires the Colorado Department of Agriculture ("CDA") to verify my lawful presence in the United States through the federal Department of Homeland Security ("DHS") Citizenship and Immigration Services ("CIS") Systematic Alien Verification of Entitlement Program. I hereby authorize DHS/CIS to provide CDA with information related to my immigration status. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute section 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

<b>Applicant Signature</b>		<b>Signature Date</b>
<b>First Name of Individual/Sole proprietor</b>	<b>Last Name of Individual/Sole proprietor</b>	<b>Date of Birth</b>
<b>Provide Business name, if different</b>		

### STEP 2- PROVIDE DOCUMENTATION OF YOUR LAWFUL PRESENCE IN THE UNITED STATES.

**ENTER YOUR VALID COLORADO DRIVER'S LICENSE OR ID CARD NUMBER**

#	#	-	#	#	#	-	#	#	#	#
---	---	---	---	---	---	---	---	---	---	---

**OR**

**CHOOSE ONE OF THE FOLLOWING AND PROVIDE A COPY OF THE DOCUMENT.**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Valid Driver's License OR ID card</b> from any state <i>EXCEPT</i> the following which do not verify lawful presence: Illinois, Maryland, Nebraska, New Mexico, . |   |  |
| <input type="checkbox"/> <b>Valid Out-of-State Driver's License <u>OR</u> Identification card with Enhancement indicator</b>  |   |  |
| <input type="checkbox"/> <b>Valid US passport</b>   | <input type="checkbox"/> <b>US Military Identification card <u>OR</u> Military Dependent's Military ID card</b> | <input type="checkbox"/> <b>US Coast Guard Merchant Mariner card</b>           |
| <input type="checkbox"/> <b>Valid Foreign Passport with Photo <u>AND</u> valid US Visa <u>AND</u> I-94</b>  | <input type="checkbox"/> <b>Certificate of Citizenship with photo (less than 20 years old)</b>                  | <input type="checkbox"/> <b>Native American Tribal Identification Document</b> |
| <input type="checkbox"/> <b>Valid Employee Authorization Document/Temporary Resident</b>  | <input type="checkbox"/> <b>Refugee/Asylee I-94 with photo</b>  | <input type="checkbox"/> <b>Valid I-551 permanent resident card</b>            |

If you do not have any of these documents, please contact us at 303.869.9000 for additional options to verify your lawful presence in the US.