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CITY LICENSE 455 N Main – 1<sup>st</sup> Floor Wichita KS 67202  
(316) 268-4553

**RODEO  
PETTING ZOO  
ANIMAL EXHIBITION  
LICENSE APPLICATION**

*Must apply 20 days prior to event Please use a separate form  
for each type of License Application*

License Type: \_\_\_\_\_ Fee: \_\_\_\_\_ Date of Application \_\_\_\_\_

\_\_\_\_\_ Animal Exhibition \_\_\_\_\_ \$100.00 per day \_\_\_\_\_ Number of Days

\_\_\_\_\_ Petting Zoo \_\_\_\_\_ \$300.00 per week \_\_\_\_\_ Number of Weeks

\_\_\_\_\_ Rodeo-Circle Indoor or Outdoor \_\_\_\_\_ \$500.00 per year

Beginning Date/Time \_\_\_\_\_ Ending Date/Time \_\_\_\_\_

Event Location: \_\_\_\_\_

**INDIVIDUAL APPLICANT OR PERSONS AUTHORIZED TO EXECUTE CONTRACTS ON BEHALF OF BUSINESS ENTITY INFORMATION:**

Name		Date of birth	
Home address		Phone number	
City, state		Zip code	
Email			

**BUSINESS NAME AND INFORMATION UNDER WHICH BUSINESS WILL BE CONDUCTED:**

Business Name		Phone Number	
Address			
City, State		Zip Code	

**NAME OF REGISTERED AGENT OR OFFICE:**

Name/Business Name		Phone Number	
Address			
City, State		Zip Code	

**REQUIRED DOCUMENTATION:**

1. Copy of Liability Insurance.
2. Name and address of the licensed veterinarians who are responsible for care and treatment of all animals or livestock to be used in the event or exhibition.

I, \_\_\_\_\_, agree to maintain compliance with the animal control and sanitary waste requirements of the City of Wichita.

I, \_\_\_\_\_, the above named applicant, do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true. In addition, I have read and understand all rules and regulations as set out in the Code of the City of Wichita. Furthermore, I hereby agree to comply with all of the laws of the State of Kansas, and all rules and regulations prescribed by the City of Wichita and I consent to the immediate revocation of my license, by the proper officials, for any violation of such laws, rules, or regulations.

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

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE