EXPIRES JUNE 30TH 2021

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

DIVISION OF AGRICULTURE
ANIMAL HEALTH SECTION
235 Promenade St.
Providence, RI 02908-5767

CERT. OF LICENSE FOR A BOARDING KENNEL

A 2020-21 License is hereby issued to:

SOLID K9 TRAINING – GROUP TRAINING
25 ACORN ST
PROVIDENCE, RI 02909

LICENSE #1027/777
EXP. 06/30/21

CHIEF, Div. of Agriculture

THIS LICENSE IS NOT TRANSFERABLE TO OTHER INDIVIDUALS OR LOCATIONS

ent. 6/9/20 CK 4767 6/3/20
$50.00

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE
235 Promenade Street, Room 370
Providence, Rhode Island 02908

Peter B. Bellavance

DEM Use Only:
Number: 1027 / 777
Approved By: PBB
Date: 06-09-2020

REGISTRATION APPLICATION FOR A BOARDING KENNEL *(April 2018)*

(Required for BOTH Overnight and Social Boarding ie "Doggie Daycare")

☐ **New License**
☒ **Renewal**

Fill form out completely even if renewal. NOTE: Incomplete Applications will be rejected and returned. Fillable PDF Form can be filled out and then printed and submitted via fax, postal mail, or scanned and emailed. Send Fee as indicated on Page four. Keep a copy for your records.

New Applicants: Submit written proof from local municipal zoning office confirming local ordinance permits BOARDING KENNEL at intended location.

FACILITY NAME: Solid K9 Training

Facility Address: 25 Acorn ST

Town / City: Providence RI **Zip Code:** 02903

Telephone: 401-527-6354 **FAX:** —

Email: Jeff@SolidK9Training.com **Website:** www.SolidK9Training.com

Mail Address (if diff. from facility location): —

Town / City/State: — **Zip Code:**

OWNER / APPLICANT INFORMATION:

Name: Jeff Gellman

Address (No P.O. Boxes): 5 Clremont Ave

Town / City/ State: Providence RI **Zip Code:** 02908

Telephone: 401-527-6354 **FAX:** —

Email: Jeff@SolidK9Training.com **Website:**

Mail Address (if diff. from above):

Town / City/ State: **Zip Code:**

Facility Business Hours

Sun: 7 to 7 **Mon:** 7 to 7 **Tue:** 7 to 7 **Wed:** 7 to 7
Thur: 7 to 7 **Fri:** 7 to 7 **Sat:** 7 to 7

After Hours Telephone / Emergency Contact: 401-527-6354

Applicant Signature: Jeff Gellman *Date:* 6/2/2020

OPERATIONAL PLAN

Does BOARDING KENNEL provide OVERNIGHT Boarding? YES ☑ NO ☐

Does BOARDING KENNEL provide Boarding for a RI Municipal Animal Control? YES ☐ NO ☑

If yes, list MUNICIPALITY: _____

Supervising Animal Control Officer(s): _____

Does BOARDING KENNEL provide Boarding/Isolation/Venue for RESCUE? YES ☐ NO ☑

If yes, identify RESCUE(s): _____

Name of RESCUE Primary Contact: _____

Address (No P.O. Boxes): _____

Town / City/ State: _____ **Zip Code:** _____

Telephone: _____ **FAX:** _____

Email: _____ **Website:** _____

Does BOARDING KENNEL provide additional Services (Training, Grooming, etc.)? YES ☑ NO ☐

LIST Additional Services: Training - Daycare

List all other employees and/or volunteers

Use additional space on page FOUR if needed

NAME	TITLE
Jeff Gellman	Owner
Joelle Granger	Trainer

TYPES OF ANIMALS HOUSED / BOARDED

	Number of ANIMALS (Capacity of Facility)	# PERMANENT CAGES	# Additional Cages / Runs
CANINES	30	35	
FELINES	—		
SM. MAMMALS	—		
OTHER _____	—		

COMMON ROOMS or SOCIALIZATION AREAS:

Please indicate below if the kennel has any areas that are set aside for animals to be housed together. Provide dimensions of area(s) and maximum number of animals that it will contain.

Each Dog gets its own Kennel

ISOLATION ROOMS, RUNS OR CAGES (please list number and type):

N/A

Applicant Signature: _____ *Date:* 8/2/20

ATTACH A DETAILED FLOOR PLAN* OF FACILITY (including exterior areas)

This diagram should include ALL of the following, as applies:

Main Entrance
Front desk or reception area
Interior and exterior doors
Location of Cleaning Logs
Indoor and outdoor runs or cages **(include dimensions)**
Isolation or quarantine cages/runs/rooms
Medical treatment room(s) (if applicable)
Food storage
Refrigerator and/or freezer **(if any Meds)**
Waste receptacles (covered)
Windows and vents
Heating and/or cooling system
Drainage systems
Location of sprinklers or fire extinguishers
Posted emergency evacuation plan or map
*Can be hand-drawn on 8x11 (must be legible)

Info already on File

Is Facility equipped with a microchip scanner? ☐ YES ☒ NO

Can Facility temporarily house additional animals in an Emergency or Disaster? ☒ YES ☐ NO

How Many? DOGS: 6 CATS: _____ OTHER: _____

REGULATIONS

RULES AND REGULATIONS GOVERNING ANIMAL CARE FACILITIES (NEW in 2015)
Rules and Regulations Governing Animal Care Facilities (250-RICR-40-05-4) **2/7/18 (revised)**
http://sos.ri.gov/documents/archives/regdocs/released/pdf/DEM/9165.pdf

RULES & REGULATIONS GOVERNING THE PREVENTION, CONTROL AND SUPPRESSION OF RABIES WITHIN THE STATE OF RHODE ISLAND
Rules and Regulations Governing the Prevention, Control, and Suppression of Rabies Within the State of Rhode Island (250-RICR-40-05-2)
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RABIES PROTOCOL

The State of Rhode Island Manual for Rabies Management and Protocols (Revised June 2016)
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RI GENERAL LAWS

State of Rhode Island General Laws / TITLE 4 - Animals and Animal Husbandry
http://www.rilin.state.ri.us/Statutes/TITLE4/INDEX.HTM

- CHAPTER 4-1 Cruelty to Animals
- CHAPTER 4-4 Animal Diseases in General
- CHAPTER 4-11 Psittacine Birds
- CHAPTER 4-13 Dogs
- CHAPTER 4-19 Animal Care

Applicant Signature: _____ *Date:* 6/2/20

ADDITIONAL INFORMATION

Brittney Souza	Trainer
Ben Rohner	Trainer
Kristen Fagg	Kennel STAFF -

OPERATIONAL PLAN

Any proposed change in the approved Operational Plan, including but not limited to the maximum number of animals, housing of animals, types of animals boarded, and configuration of the facility will require submission of an amended Operational Plan that must be reviewed and approved by DEM/Animal Health prior to the change being executed. No Changes

*****Sign and Date bottom of each page*****

NOTE: BOARDING KENNEL Licenses expire June 30th of each year.
It is the responsibility of the licensee to renew annually. No reminder will be sent.
Additionally:
**** Complete the form in its entirety** (incomplete Applications will be returned until completed)*
**** Use additional paper to list any additional employees, etc.***
**** Call DEM / Div. Of Agriculture /Animal Health Section with inquiries @ 401-222-2781 x4515 or submit questions to*** marisa.coates@dem.ri.gov
**** Include a $50.00 fee made payable to The State of Rhode Island***
**** Sign, date and return application to:***

RI Department of Environmental Management
Division of Agriculture / Animal Health Section
235 Promenade St. / Rm. 370
Providence, RI 02908-5767

Signature below indicates knowledge and understanding of the laws, regulations, and requirements listed above. Boarding Kennel owner is responsible for employees being informed and understanding all laws, regulations, forms and requirements listed above and can attest that to the best of their knowledge, no employee has ever been convicted of animal cruelty or mistreatment.

Signature of Owner/Applicant: _____

Title: Owner **Date:** 6/2/20

Signature of Co-Owner/Applicant: _____

Title: _____ **Date:** _____

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

DIVISION OF AGRICULTURE
ANIMAL HEALTH SECTION
235 Promenade St.
Providence, RI 02908-5767

CERT. OF LICENSE FOR A BOARDING KENNEL

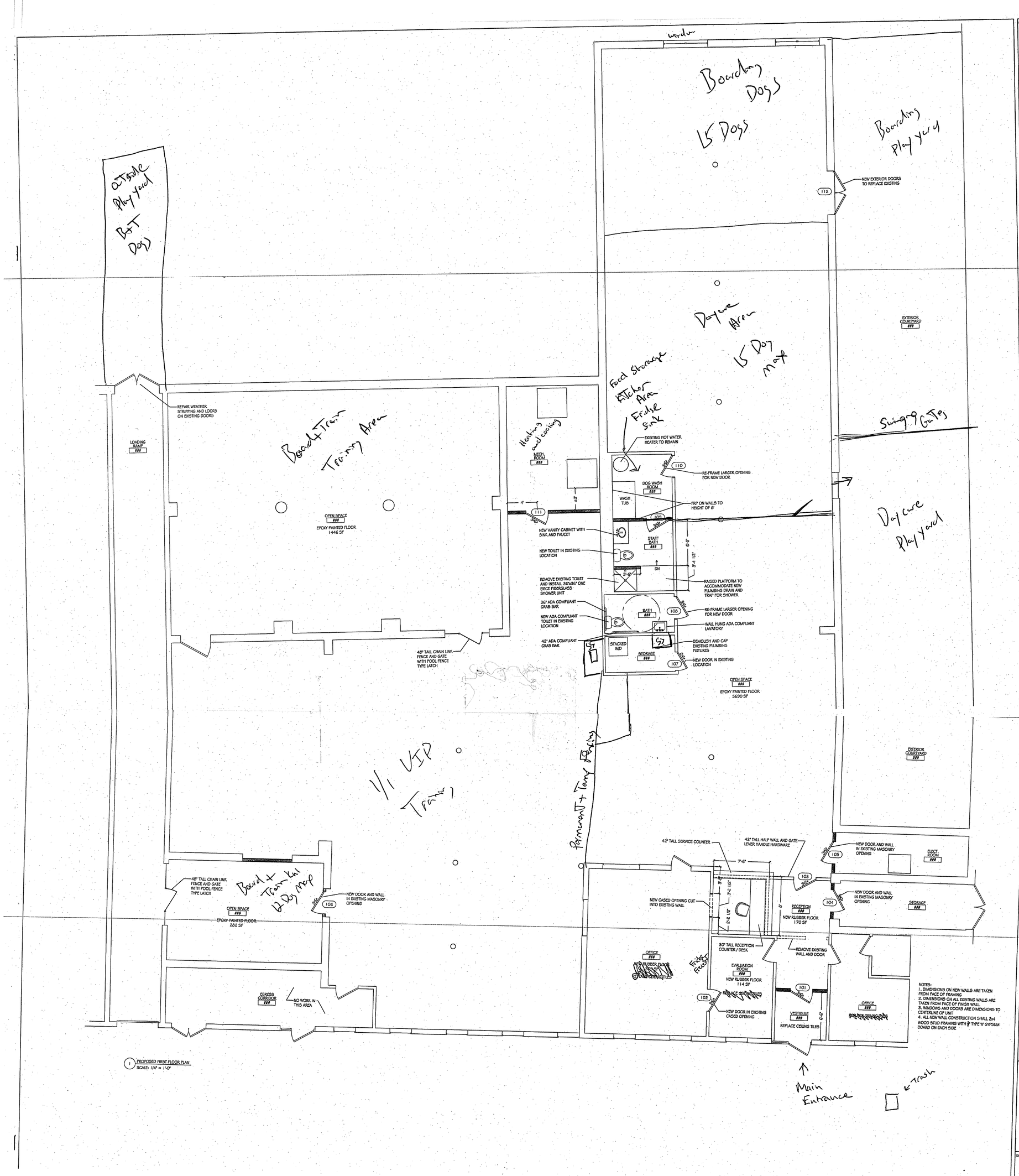
A 2019-20 License is hereby issued to:

SOLID K9 TRAINING – Group Training
25 ACORN ST
PROVIDENCE, RI 02909

LICENSE #1027/777
EXP. 06/30/20

CHIEF, Div. of Agriculture

This license is herby issued in accordance with Title 4, Chapter 19 of the General Laws, 1956, as amended, entitled ANIMAL CARE, the signature on the front of this license Register's and agrees to conform to all the provisions of said Chapter 1 and all regulations issued under the authority thereof.



1 PROPOSED FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

NOTES:
1. DIMENSIONS ON NEW WALLS ARE TAKEN FROM FACE OF FRAMING
2. DIMENSIONS ON ALL EXISTING WALLS ARE TAKEN FROM FACE OF FINISH WALL
3. WINDOWS AND DOORS ARE DIMENSIONS TO CENTERLINE OF UNIT
4. ALL NEW WALL CONSTRUCTION SHALL 2x4 WOOD STUD FRAMING WITH ½" TYPE 'X' GYPSUM BOARD ON EACH SIDE

SOLID K-9 TRAINING
25 ACORN STREET
PROVIDENCE, RI 02903
PROPOSED FLOOR PLAN PART 'B'

TITLE:
DWG CONTENTS:

PHASE:	DATE: 08.07.2013
DWN BY: JM	CHKD BY: KPC

REVISIONS:

PRINTED: 8-12-2013

KIRKBY PERKINS CONSTRUCTION INC.
30 OLD ARNOLD ROAD
MIDDLETOWN, RI 02842
PH 401-847-1005 FAX 401-846-1078

SHEET NO.
A102

TITLE:
DWG CONTENTS:

PHASE:	DATE: 08.07.2013
DWN BY: JM	CHKD BY: KPC

REVISIONS:

PRINTED: 8-12-2013

KIRKBY PERKINS CONSTRUCTION INC.
30 OLD ARNOLD ROAD
MIDDLETOWN, RI 02842
PH 401-847-1005 FAX 401-846-1078

SHEET NO.
A101

CR4458 6/13/19
50.00.

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE
235 Promenade Street, Room 370
Providence, Rhode Island 02908

DEM Use Only:
Number: 1027 777
Approved By: PBB
Date: 6-17-2019
Peter B. Belmsw
DMD

REGISTRATION APPLICATION FOR A BOARDING KENNEL *(April 2018)*

(Required for BOTH Overnight and Social Boarding ie "Doggie Daycare")

☐ **New License**
☒ **Renewal**

Fill form out completely even if renewal. NOTE: Incomplete Applications will be rejected and returned. Fillable PDF Form can be filled out and then printed and submitted via fax, postal mail, or scanned and emailed. Send Fee as indicated on Page four. Keep a copy for your records.

New Applicants: Submit written proof from local municipal zoning office confirming local ordinance permits BOARDING KENNEL at intended location.

FACILITY NAME: Solid K9 Training
Facility Address: 25 Acorn St.
Town / City: Providence **Zip Code:** 02903
Telephone: 401-274-1078 **FAX:** —
Email: jeff@solidk9training.com **Website:** www.solidk9training.com
Mail Address (if diff. from facility location): —
Town / City/State: — **Zip Code:** —

OWNER / APPLICANT INFORMATION:

Name: Jeff Gellman
Address (No P.O. Boxes): 5 Claremont Ave
Town / City/ State: Providence, RI **Zip Code:** 02908
Telephone: 401-527-6354 **FAX:**
Email: **Website:**
Mail Address (if diff. from above):
Town / City/ State: **Zip Code:**

RECEIVED JUN 17 2019 DEPARTMENT OF ENVIRONMENTAL MANAGEMENT DIVISION OF AGRICULTURE

Facility Business Hours

Sun: 730a **to** 630p **Mon:** 730a **to** 630p **Tue:** 730a **to** 630p **Wed:** 730a **to** 630p
Thur: 730a **to** 630p **Fri:** 730a **to** 630p **Sat:** 730a **to** 630p

After Hours Telephone / Emergency Contact: 401-527-6354 Jeff Gellman

Applicant Signature: Jeff Gellman *Date:* 5/15/19

أحمد بن الحسن

OPERATIONAL PLAN

Does BOARDING KENNEL provide OVERNIGHT Boarding? YES □ NO ☒

Does BOARDING KENNEL provide Boarding for a RI Municipal Animal Control? YES □ NO □

If yes, list MUNICIPALITY: _____

Supervising Animal Control Officer(s): _____

Does BOARDING KENNEL provide Boarding/Isolation/Venue for RESCUE? YES □ NO □

If yes, identify RESCUE(s): _____

Name of RESCUE Primary Contact: _____

Address (No P.O. Boxes): _____

Town / City/ State: _____ **Zip Code:** _____

Telephone: _____ **FAX:** _____

Email: _____ **Website:** _____

Does BOARDING KENNEL provide additional Services (Training, Grooming, etc.)? YES □ NO □

LIST Additional Services: _____

List all other employees and/or volunteers

Use additional space on page FOUR if needed

NAME	TITLE
Jeff Gellman	owner
Brittney Souza	trainer
Jessica Duva	admin/kennel
Joelle Granger	trainer

add. staff on attached sheet

TYPES OF ANIMALS HOUSED / BOARDED

	Number of ANIMALS (Capacity of Facility)	# PERMANENT CAGES	# Additional Cages / Runs
CANINES	30	25	3
FELINES			
SM. MAMMALS			
OTHER _____			

COMMON ROOMS or SOCIALIZATION AREAS:

Please indicate below if the kennel has any areas that are set aside for animals to be housed together. Provide dimensions of area(s) and maximum number of animals that it will contain.

(1) 15' x 15' (3) 6' x 25'

(2) 8' x 15'

ISOLATION ROOMS, RUNS OR CAGES (please list number and type):

2

Applicant Signature: Jeff Gellman *Date:* 5/15/19

ATTACH A DETAILED FLOOR PLAN* OF FACILITY (including exterior areas)

This diagram should include ALL of the following, as applies:

Main Entrance
Front desk or reception area
Interior and exterior doors
Location of Cleaning Logs
Indoor and outdoor runs or cages **(include dimensions)**
Isolation or quarantine cages/runs/rooms
Medical treatment room(s) (if applicable)
Food storage
Refrigerator and/or freezer **(if any Meds)**
Waste receptacles (covered)
Windows and vents
Heating and/or cooling system
Drainage systems
Location of sprinklers or fire extinguishers
Posted emergency evacuation plan or map
*Can be hand-drawn on 8x11 (must be legible)

Is Facility equipped with a microchip scanner? ☐ YES ☒ NO

Can Facility temporarily house additional animals in an Emergency or Disaster? ☐ YES ☒ NO

How Many? DOGS: _____ CATS: _____ OTHER: _____

REGULATIONS

RULES AND REGULATIONS GOVERNING ANIMAL CARE FACILITIES (NEW in 2015)
Rules and Regulations Governing Animal Care Facilities (250-RICR-40-05-4) **2/7/18 (revised)**
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http://www.rilin.state.ri.us/Statutes/TITLE4/INDEX.HTM

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- CHAPTER 4-4 Animal Diseases in General
- CHAPTER 4-11 Psittacine Birds
- CHAPTER 4-13 Dogs
- CHAPTER 4-19 Animal Care

Applicant Signature: _____ *Date:* 5/15/19

ADDITIONAL INFORMATION

Claire Boettcher trainer Kristen Fogg kennel
Bethany Profio kennel
Dominique Johnson kennel
Ben Rohmer kennel

OPERATIONAL PLAN

Any proposed change in the approved Operational Plan, including but not limited to the maximum number of animals, housing of animals, types of animals boarded, and configuration of the facility will require submission of an amended Operational Plan that must be reviewed and approved by DEM/Animal Health prior to the change being executed.

*****Sign and Date bottom of each page*****

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It is the responsibility of the licensee to renew annually. No reminder will be sent.
Additionally:
**** Complete the form in its entirety** (incomplete Applications will be returned until completed)*
**** Use additional paper to list any additional employees, etc.***
**** Call DEM / Div. Of Agriculture /Animal Health Section with inquiries @ 401-222-2781 x4515 or submit questions to*** **marisa.coates@dem.ri.gov**
**** Include a $50.00 fee made payable to The State of Rhode Island***
**** Sign, date and return application to:***

RI Department of Environmental Management
Division of Agriculture / Animal Health Section
235 Promenade St. / Rm. 370
Providence, RI 02908-5767

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Signature of Owner/Applicant: Jeff Gellman

Title: Owner **Date:** 5/15/19

Signature of Co-Owner/Applicant: _____

Title: _____ **Date:** _____

Applicant Signature: Jeff Gellman *Date:* 5/15/19

ENTERED 11/27/19

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE
235 Promenade Street, Room 370
Providence, Rhode Island 02908

DEM Use Only:
Number: 1027 / 777
Approved By: _____
Date: _____

REGISTRATION APPLICATION FOR A BOARDING KENNEL *(April 2018)*

(Required for BOTH Overnight and Social Boarding ie "Doggie Daycare")

☐ **New License**
☒ **Renewal**

Fill form out completely even if renewal. NOTE: Incomplete Applications will be rejected and returned. Fillable PDF Form can be filled out and then printed and submitted via fax, postal mail, or scanned and emailed. Send Fee as indicated on Page four. Keep a copy for your records.

New Applicants: Submit written proof from local municipal zoning office confirming local ordinance permits BOARDING KENNEL at intended location.

FACILITY NAME: Solid K9 Training
Facility Address: 25 Acorn Street
Town / City: Providence **Zip Code:** 02903
Telephone: (401) 274-1078 **FAX:** _____
Email: SK9Tfrontdesk@gmail.com **Website:** SolidK9training.com
Mail Address (if diff. from facility location): _____
Town / City/State: [illegible] **Zip Code:** _____

OWNER / APPLICANT INFORMATION:

Name: Jeffrey Gellman
Address (No P.O. Boxes): 5 Claremont Ave
Town / City/ State: Providence, RI **Zip Code:** 02906
Telephone: 401-527-6354 **FAX:** —
Email: Jeff@SolidK9Training.com **Website:** www.SolidK9Training.com
Mail Address (if diff. from above): _____
Town / City/ State: _____ **Zip Code:** _____

Facility Business Hours

Sun: 8am **to** 6pm **Mon:** 7:30 **to** 6:30 **Tue:** 7:30 **to** 6:30 **Wed:** 7:30 **to** 6:30
Thur: 7:30 **to** 6:30 **Fri:** 7:30 **to** 6:30 **Sat:** 8am **to** 6pm

After Hours Telephone / Emergency Contact: (401) 527-6354

RECEIVED NOV 25 2019 DEPT OF ENVIRONMENTAL MANAGEMENT DIV. OF AGRICULTURE

Applicant Signature: _____ *Date:* 11/19/2019

OPERATIONAL PLAN

Does BOARDING KENNEL provide OVERNIGHT Boarding? YES ☑ NO ☐

Does BOARDING KENNEL provide Boarding for a RI Municipal Animal Control? YES ☐ NO ☒

If yes, list MUNICIPALITY: _____

Supervising Animal Control Officer(s): _____

Does BOARDING KENNEL provide Boarding/Isolation/Venue for RESCUE? YES ☐ NO ☒

If yes, identify RESCUE(s): _____

Name of RESCUE Primary Contact: _____

Address (No P.O. Boxes): _____

Town / City/ State: _____ Zip Code: _____

Telephone: _____ FAX: _____

Email: _____ Website: _____

Does BOARDING KENNEL provide additional Services (Training, Grooming, etc.)? YES ☒ NO ☐

LIST Additional Services: Training, Grooming

List all other employees and/or volunteers

Use additional space on page FOUR if needed

NAME	TITLE
Joelle Granger, Zoe Gonzales,	Trainer, Receptionist, Trainer, trainer
Benjamin Ronmer, Brittney Souza	

TYPES OF ANIMALS HOUSED / BOARDED

	Number of ANIMALS (Capacity of Facility)	# PERMANENT CAGES	# Additional Cages / Runs
CANINES	60	27	
FELINES			
SM. MAMMALS			
OTHER _____			

COMMON ROOMS or SOCIALIZATION AREAS:

Please indicate below if the kennel has any areas that are set aside for animals to be housed together. Provide dimensions of area(s) and maximum number of animals that it will contain.

_____

_____

ISOLATION ROOMS, RUNS OR CAGES (please list number and type):

_____

_____

Applicant Signature: _____ *Date:* 11/19/2019

ADDITIONAL INFORMATION

Kristen Fogg, Nicole, Julia
kennel staff, kennel staff, trainer

OPERATIONAL PLAN

Any proposed change in the approved Operational Plan, including but not limited to the maximum number of animals, housing of animals, types of animals boarded, and configuration of the facility will require submission of an amended Operational Plan that must be reviewed and approved by DEM/Animal Health prior to the change being executed.

*****Sign and Date bottom of each page*****

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Additionally:
**** Complete the form in its entirety** (incomplete Applications will be returned until completed)*
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Division of Agriculture / Animal Health Section
235 Promenade St. / Rm. 370
Providence, RI 02908-5767

Signature below indicates knowledge and understanding of the laws, regulations, and requirements listed above. Boarding Kennel owner is responsible for employees being informed and understanding all laws, regulations, forms and requirements listed above and can attest that to the best of their knowledge, no employee has ever been convicted of animal cruelty or mistreatment.

Signature of Owner/Applicant: _____

Title: CEO **Date:** 11/19/2019

Signature of Co-Owner/Applicant: _____

Title: _____ **Date:** _____

Applicant Signature: _____ *Date:* 11/19/2019

ATTACH A DETAILED FLOOR PLAN* OF FACILITY (including exterior areas)

This diagram should include ALL of the following, as applies:

Main Entrance
Front desk or reception area
Interior and exterior doors
Location of Cleaning Logs
Indoor and outdoor runs or cages **(include dimensions)**
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Waste receptacles (covered)
Windows and vents
Heating and/or cooling system
Drainage systems
Location of sprinklers or fire extinguishers
Posted emergency evacuation plan or map
*Can be hand-drawn on 8x11 (must be legible)

Is Facility equipped with a microchip scanner? ☐ YES ☒ NO

Can Facility temporarily house additional animals in an Emergency or Disaster? ☐ YES ☒ NO

How Many? DOGS: _____ CATS: _____ OTHER: _____

REGULATIONS

RULES AND REGULATIONS GOVERNING ANIMAL CARE FACILITIES (NEW in 2015)
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RI GENERAL LAWS

State of Rhode Island General Laws / TITLE 4 - Animals and Animal Husbandry
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- CHAPTER 4-1 Cruelty to Animals
- CHAPTER 4-4 Animal Diseases in General
- CHAPTER 4-11 Psittacine Birds
- CHAPTER 4-13 Dogs
- CHAPTER 4-19 Animal Care

Applicant Signature: _____ *Date:* 11/1/2019

ENTERED 11/27/19

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE
235 Promenade Street, Room 370
Providence, Rhode Island 02908

DEM Use Only:
Number: 1027 / 777
Approved By: _____
Date: _____

REGISTRATION APPLICATION FOR A BOARDING KENNEL *(April 2018)*

(Required for BOTH Overnight and Social Boarding ie "Doggie Daycare")

☐ **New License**
☒ **Renewal**

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Town / City: Providence **Zip Code:** 02903
Telephone: (401) 274-1078 **FAX:**
Email: SK9Tfrontdesk@gmail.com **Website:** SolidK9training.com
Mail Address (if diff. from facility location):
Town / City/State: [illegible] **Zip Code:**

OWNER / APPLICANT INFORMATION:

Name: Jeffrey Gellman
Address (No P.O. Boxes): 5 Claremont Ave
Town / City/ State: Providence RI **Zip Code:** 02907
Telephone: 401-527-6354 **FAX:** —
Email: Jeff@SolidK9Training.com **Website:** www.SolidK9Training.com
Mail Address (if diff. from above):
Town / City/ State: **Zip Code:**

Facility Business Hours

Sun: 8am **to** 6pm **Mon:** 7:30 **to** 6:30 **Tue:** 7:30 **to** 6:30 **Wed:** 7:30 **to** 6:30
Thur: 7:30 **to** 6:30 **Fri:** 7:30 **to** 6:30 **Sat:** 8am **to** 6pm

After Hours Telephone / Emergency Contact: (401) 527-6354

RECEIVED NOV 25 2019 DEPT OF ENVIRONMENTAL MANAGEMENT DIV. OF AGRICULTURE

Applicant Signature: _____ *Date:* 11/19/2019

Expires June 30, 2019

D·E·M

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE
ANIMAL HEALTH SECTION
235 Promenade St.
Providence, RI 02908-5767

CERT. OF LICENSE FOR A BOARDING KENNEL

A 2018/19 License is hereby issued to:

SOLID K9 TRAINING – Group Training
25 ACORN ST
PROVIDENCE, RI 02909

LICENSE #1027/777
EXP. 06/30/19

CHIEF, Div. of Agriculture

CR4116
5/16/18 50.00

ENTERED
5/20/18

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE
235 Promenade Street, Room 370
Providence, Rhode Island 02908

DEM Use Only:
Number: 1027 1777
Approved By: _____
Date: _____

REGISTRATION APPLICATION FOR A BOARDING KENNEL *(April 2018)*

(Required for BOTH Overnight and Social Boarding ie "Doggie Daycare")

☐ New License
☒ Renewal

Fill form out completely even if renewal. NOTE: Incomplete Applications will be rejected and returned. Fillable PDF Form can be filled out and then printed and submitted via fax, postal mail, or scanned and emailed. Send Fee as indicated on Page four. Keep a copy for your records.

New Applicants: Submit written proof from local municipal zoning office confirming local ordinance permits BOARDING KENNEL at intended location.

FACILITY NAME: Solid K9 Training
Facility Address: 25 Acorn St.
Town / City: Providence **Zip Code:** 02903
Telephone: 401-274-1078 **FAX:** —
Email: jeff@solidk9training@gmail **Website:** www.solidk9training.com
Mail Address (if diff. from facility location): _____
Town / City/State: _____ **Zip Code:** _____

OWNER / APPLICANT INFORMATION:

Name: Jeff Gellman
Address (No P.O. Boxes): 5 Claremont Ave
Town / City/ State: Providence, RI **Zip Code:** 02908
Telephone: 401-527-6354 **FAX:** _____
Email: _____ **Website:** _____
Mail Address (if diff. from above): _____
Town / City/ State: _____ **Zip Code:** _____

Facility Business Hours

Sun: 730a **to** 6p **Mon:** 730a **to** 6p **Tue:** 730a **to** 6p **Wed:** 730a **to** 6p
Thur: 730a **to** 6p **Fri:** 730a **to** 6p **Sat:** 730a **to** 6p

After Hours Telephone / Emergency Contact: 401-527-6354 / Jeff Gellman

Applicant Signature: J Gellman *Date:* 5/17/18

ENTERED 5/25/18

CR4116
5/16/18 50.00

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE
235 Promenade Street, Room 370
Providence, Rhode Island 02908

Pam B. Belmsing
M.D.

DEM Use Only:
Number: 1027 / 777
Approved By: PBB
Date: 5-25-2018

REGISTRATION APPLICATION FOR A BOARDING KENNEL *(April 2018)*

(Required for BOTH Overnight and Social Boarding ie "Doggie Daycare")

☐ **New License**
☒ **Renewal**

Fill form out completely even if renewal. NOTE: Incomplete Applications will be rejected and returned. Fillable PDF Form can be filled out and then printed and submitted via fax, postal mail, or scanned and emailed. Send Fee as indicated on Page four. Keep a copy for your records.

New Applicants: Submit written proof from local municipal zoning office confirming local ordinance permits BOARDING KENNEL at intended location.

FACILITY NAME: Solid K9 Training
Facility Address: 25 Acorn St.
Town / City: Providence **Zip Code:** 02903
Telephone: 401-274-1078 **FAX:** —
Email: jeff@solidk9training@gmail **Website:** www.solidk9training.com
Mail Address (if diff. from facility location):
Town / City/State: **Zip Code:**

OWNER / APPLICANT INFORMATION:

Name: Jeff Gellman
Address (No P.O. Boxes): 5 Claremont Ave
Town / City/ State: Providence, RI **Zip Code:** 02908
Telephone: 401-527-6354 **FAX:**
Email: **Website:**
Mail Address (if diff. from above):
Town / City/ State: **Zip Code:**

Facility Business Hours

Sun: 730a **to** 6p **Mon:** 730a **to** 6p **Tue:** 730a **to** 6p **Wed:** 730a **to** 6p
Thur: 730a **to** 6p **Fri:** 730a **to** 6p **Sat:** 730a **to** 6p

After Hours Telephone / Emergency Contact: 401-527-6354 / Jeff Gellman

Applicant Signature: J Gellman *Date:* 5/17/18

OPERATIONAL PLAN

Does BOARDING KENNEL provide OVERNIGHT Boarding? YES □ NO ☒

Does BOARDING KENNEL provide Boarding for a RI Municipal Animal Control? YES □ NO ☒

If yes, list MUNICIPALITY: _____

Supervising Animal Control Officer(s): _____

Does BOARDING KENNEL provide Boarding/Isolation/Venue for RESCUE? YES □ NO □

If yes, identify RESCUE(s): _____

Name of RESCUE Primary Contact: _____

Address (No P.O. Boxes): _____

Town / City/ State: _____ Zip Code: _____

Telephone: _____ FAX: _____

Email: _____ Website: _____

Does BOARDING KENNEL provide additional Services (Training, Grooming, etc.)? YES □ NO □

LIST Additional Services: _____

List all other employees and/or volunteers

Use additional space on page FOUR if needed

NAME	TITLE
Jon Ricciardelli	head trainer
Jessica Duva	manager

TYPES OF ANIMALS HOUSED / BOARDED

	Number of ANIMALS (Capacity of Facility)	# PERMANENT CAGES	# Additional Cages / Runs
CANINES	30	25	3
FELINES			
SM. MAMMALS			
OTHER _____			

COMMON ROOMS or SOCIALIZATION AREAS:

Please indicate below if the kennel has any areas that are set aside for animals to be housed together. Provide dimensions of area(s) and maximum number of animals that it will contain.

① 15'x15' ③ 6' x 25'

② 8'x15'

ISOLATION ROOMS, RUNS OR CAGES (please list number and type):

2

Applicant Signature: J Gillmor *Date:* 5/17/18

ATTACH A DETAILED FLOOR PLAN* OF FACILITY (including exterior areas)

This diagram should include ALL of the following, as applies:

Main Entrance
Front desk or reception area
Interior and exterior doors
Location of Cleaning Logs
Indoor and outdoor runs or cages **(include dimensions)**
Isolation or quarantine cages/runs/rooms
Medical treatment room(s) (if applicable)
Food storage
Refrigerator and/or freezer **(if any Meds)**
Waste receptacles (covered)
Windows and vents
Heating and/or cooling system
Drainage systems
Location of sprinklers or fire extinguishers
Posted emergency evacuation plan or map
*Can be hand-drawn on 8x11 (must be legible)

Is Facility equipped with a microchip scanner? ☐ YES ☒ NO

Can Facility temporarily house additional animals in an Emergency or Disaster? ☐ YES ☒ NO

How Many? DOGS: _____ CATS: _____ OTHER: _____

REGULATIONS

RULES AND REGULATIONS GOVERNING ANIMAL CARE FACILITIES (NEW in 2015)
Rules and Regulations Governing Animal Care Facilities (250-RICR-40-05-4) **2/7/18 (revised)**
http://sos.ri.gov/documents/archives/regdocs/released/pdf/DEM/9165.pdf

RULES & REGULATIONS GOVERNING THE PREVENTION, CONTROL AND SUPPRESSION OF RABIES WITHIN THE STATE OF RHODE ISLAND
Rules and Regulations Governing the Prevention, Control, and Suppression of Rabies Within the State of Rhode Island (250-RICR-40-05-2)
http://sos.ri.gov/documents/archives/regdocs/released/pdf/DEM/9639.pdf

RABIES PROTOCOL

The State of Rhode Island Manual for Rabies Management and Protocols (Revised June 2016)
http://www.dem.ri.gov/programs/agriculture/documents/rabiesprot.pdf

RI GENERAL LAWS

State of Rhode Island General Laws / TITLE 4 - Animals and Animal Husbandry
http://www.rilin.state.ri.us/Statutes/TITLE4/INDEX.HTM

- CHAPTER 4-1 Cruelty to Animals
- CHAPTER 4-4 Animal Diseases in General
- CHAPTER 4-11 Psittacine Birds
- CHAPTER 4-13 Dogs
- CHAPTER 4-19 Animal Care

Applicant Signature: J Pellman *Date:* 5/17/18

ADDITIONAL INFORMATION

Shayla Benwell	Kennel	Jordan Dermo	trainer
Brittney Souza	trainer	Bethany Profio	Kennel
Lilly Esposito	Kennel	Peter Ciancarelli	Kennel
Don Cregg	Kennel		

OPERATIONAL PLAN

Any proposed change in the approved Operational Plan, including but not limited to the maximum number of animals, housing of animals, types of animals boarded, and configuration of the facility will require submission of an amended Operational Plan that must be reviewed and approved by DEM/Animal Health prior to the change being executed.

*****Sign and Date bottom of each page*****

NOTE: BOARDING KENNEL Licenses expire June 30th of each year.
It is the responsibility of the licensee to renew annually. No reminder will be sent.
Additionally:
**** Complete the form in its entirety** (incomplete Applications will be returned until completed)*
**** Use additional paper to list any additional employees, etc.***
**** Call DEM / Div. Of Agriculture /Animal Health Section with inquiries @ 401-222-2781 x4515 or submit questions to*** marisa.coates@dem.ri.gov
**** Include a $50.00 fee made payable to The State of Rhode Island***
**** Sign, date and return application to:***

RI Department of Environmental Management
Division of Agriculture / Animal Health Section
235 Promenade St. / Rm. 370
Providence, RI 02908-5767

Signature below indicates knowledge and understanding of the laws, regulations, and requirements listed above. Boarding Kennel owner is responsible for employees being informed and understanding all laws, regulations, forms and requirements listed above and can attest that to the best of their knowledge, no employee has ever been convicted of animal cruelty or mistreatment.

Signature of Owner/Applicant: J Collman

Title: Owner **Date:** 5/17/18

Signature of Co-Owner/Applicant: _____

Title: _____ **Date:** _____

Applicant Signature: J Collman *Date:* 5/17/18

EXPIRES JUNE 30, 2018

D·E·M

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE
ANIMAL HEALTH SECTION
235 Promenade St.
Providence, RI 02908-5767

CERT. OF LICENSE FOR A BOARDING KENNEL

A 2017/18 License is hereby issued to:

SOLID K9 TRAINING
25 ACORN STREET
PROVIDENCE, RI 02908

LICENSE #1027/777
EXP. 06/30/18

CHIEF, Div. of Agriculture

2-20
2-5

$50.00 Cash

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE
235 Promenade Street, Room 370
Providence, Rhode Island 02908

ENTERED 6/29/17

DEM Use Only
Number: 1022 777
Approved By: _____
Date: _____

2017 REGISTRATION APPLICATION FOR A BOARDING KENNEL

(Overnight and Social Boarding ie "Doggie Daycare")

☐ **New License**
☒ **Renewal**

Fill form out completely even if renewal. NOTE: Incomplete Applications will be rejected and returned. Fillable PDF Form can be filled out and then printed and submitted via fax, postal mail, or scanned and emailed. Send Fee as indicated on Page four. Keep a copy for your records.

New Applicants: Submit written proof from local municipal zoning office confirming local ordinance permits BOARDING KENNEL at intended location.

FACILITY NAME: Solid K9 Training
Facility Address: 25 Acorn St.
Town / City: Providence **Zip Code:** 02903
Telephone: 401-274-1078 **FAX:** —
Email: jeff@solidk9training.com **Website:** www.solidk9training.com
Mail Address (if diff. from facility location): _____
Town / City/State: _____ **Zip Code:** _____

OWNER / APPLICANT INFORMATION:

Name: Jeff Gellman
Address: 5 Claremont Ave.
Town / City/ State: Providence, RI **Zip Code:** 02908
Telephone: 401-527-6354 **FAX:** _____
Email: _____ **Website:** _____
Mail Address (if diff. from above): _____
Town / City/ State: _____ **Zip Code:** _____

Facility Business Hours

Sun: 730am to 6pm **Mon:** 730am to 6pm **Tue:** 730am to 6pm **Wed:** 730am to 6pm
Thur: 730am to 6pm **Fri:** 730am to 6pm **Sat:** 730am to 6pm

After Hours Telephone / Emergency Contact: 401-527-6354 Jeff Gellman

Applicant Signature: _____ *Date:* 6/28/17

2-20
2-5

$50.00 Cash

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE
235 Promenade Street, Room 370
Providence, Rhode Island 02908

ENTERED 6/29/17

DEM Use Only
Number: 7027 777
Approved By: PJB
Date: 6-29-2017

APPROVED

2017 REGISTRATION APPLICATION FOR A BOARDING KENNEL

(Overnight and Social Boarding ie "Doggie Daycare")

☐ **New License**
☒ **Renewal**

Fill form out completely even if renewal. NOTE: Incomplete Applications will be rejected and returned. Fillable PDF Form can be filled out and then printed and submitted via fax, postal mail, or scanned and emailed. Send Fee as indicated on Page four. Keep a copy for your records.

New Applicants: Submit written proof from local municipal zoning office confirming local ordinance permits BOARDING KENNEL at intended location.

FACILITY NAME: Solid K9 Training
Facility Address: 25 Acorn St.
Town / City: Providence **Zip Code:** 02903
Telephone: 401-274-1078 **FAX:** —
Email: jeff@solidk9training.com **Website:** www.solidk9training.com
Mail Address (if diff. from facility location):
Town / City/State: **Zip Code:**

OWNER / APPLICANT INFORMATION:

Name: Jeff Gellman
Address: 5 Claremont Ave.
Town / City/ State: Providence, RI **Zip Code:** 02908
Telephone: 401-527-6354 **FAX:**
Email: **Website:**
Mail Address (if diff. from above):
Town / City/ State: **Zip Code:**

Facility Business Hours

Sun: 730am **to** 6pm **Mon:** 730am **to** 6pm **Tue:** 730am **to** 6pm **Wed:** 730am **to** 6pm
Thur: 730am **to** 6pm **Fri:** 730am **to** 6pm **Sat:** 730am **to** 6pm

After Hours Telephone / Emergency Contact: 401-527-6354 Jeff Gellman

Applicant Signature: *Date:* 6/28/17

OPERATIONAL PLAN

Does BOARDING KENNEL provide Boarding for any Municipal Animal Control? YES ☐ NO ☒

If yes, please identify City(s) or Town(s) and Supervising Animal Control Officer(s):

MUNICIPALITY: _____

Animal Control Officer: _____

Does BOARDING KENNEL provide Boarding/Isolation for RESCUE? YES ☐ NO ☒

If yes, identify RESCUE(s): _____

Name of RESCUE Primary Contact: _____

Address (No P.O. Boxes): _____

Town / City/ State: _____ **Zip Code:** _____

Telephone: _____ **FAX:** _____

Email: _____ **Website:** _____

List all other employees and/or volunteers

Use additional pages if needed

NAME	TITLE
Jeff Gellman	owner
Jon Ricciardelli	head trainer
Shayla Benwell	Kennel
Jessica Duva	manager

see attached sheet for additional staff

TYPES OF ANIMALS HOUSED / BOARDED

	Number of ANIMALS (Capacity of Facility)	# PERMANENT CAGES	# Additional Cages / Runs
CANINES	30	25	3
FELINES			
SM. MAMMALS			
OTHER _____			

COMMON ROOMS or SOCIALIZATION AREAS:

Please indicate below if the kennel has any areas that are set aside for animals to be housed together. Provide dimensions of area and number of animals that it will contain.

(1) 5'x15' (3) 6'x25'

(2) 8'x15'

ISOLATION ROOMS, RUNS OR CAGES (please list number and type):

2

Applicant Signature: _____ *Date:* 6/28/17

ATTACH A DETAILED FLOOR PLAN* OF FACILITY (including exterior areas)

This diagram should include ALL of the following, as applies:

Main Entrance
Front desk or reception area
Interior and exterior doors
Location of Cleaning Logs
Indoor and outdoor runs or cages **(include dimensions)**
Isolation or quarantine cages/runs/rooms
Medical treatment room(s) (if applicable)
Food storage
Refrigerator and/or freezer **(if any Meds)**
Waste receptacles (covered)
Windows and vents
Heating and/or cooling system
Drainage systems
Location of sprinklers or fire extinguishers
Posted emergency evacuation plan or map
*Can be hand-drawn on 8x11 (must be legible)

Is Facility equipped with a microchip scanner? ☐ YES ☒ NO

Can Facility temporarily house additional animals in an Emergency or Disaster? ☐ YES ☒ NO

How Many? DOGS: _____ CATS: _____ OTHER: _____

REGULATIONS

RULES AND REGULATIONS GOVERNING ANIMAL CARE FACILITIES
NEW in 2015 (Revised 2016) http://www.dem.ri.gov/pubs/regs/regs/agric/animcare16.pdf

RULES & REGULATIONS GOVERNING THE PREVENTION, CONTROL AND SUPPRESSION OF RABIES WITHIN THE STATE OF RHODE ISLAND (Revised February 2016)
http://www.dem.ri.gov/pubs/regs/regs/agric/rabies16.pdf

RABIES PROTOCOL

The State of Rhode Island Manual for Rabies Management and Protocols (Revised June 2016)
http://www.dem.ri.gov/programs/agriculture/documents/rabiesprot2016.pdf

RI GENERAL LAWS

State of Rhode Island General Laws / TITLE 4 - Animals and Animal Husbandry

http://www.rilin.state.ri.us/Statutes/TITLE4/INDEX.HTM

- CHAPTER 4-1 Cruelty to Animals
- CHAPTER 4-4 Animal Diseases in General
- CHAPTER 4-11 Psittacine Birds
- CHAPTER 4-13 Dogs
- **CHAPTER 4-19 Animal Care (changes enacted July 16, 2016):**

Applicant Signature: _____ *Date:* 6/28/17

OPERATIONAL PLAN

Any proposed change in the approved Operational Plan, including but not limited to the maximum number of animals, housing of animals, types of animals boarded, and configuration of the facility will require submission of an amended Operational Plan that must be reviewed and approved by DEM/Animal Health prior to the change being executed.

*****Sign and Date bottom of each page*****

NOTE: BOARDING KENNEL Licenses expire June 30th of each year.
It is the responsibility of the licensee to renew annually. No reminder will be sent.

Additionally:
**** Complete the form in its entirety** (incomplete Applications will be returned until completed)*
**** Use additional paper to list any additional employees, etc.***
**** Call DEM / Div. Of Agriculture /Animal Health Section with inquiries @ 401-222-2781 x4515 or submit questions to marisa.coates@dem.ri.gov***
**** Include a $50.00 fee made payable to The State of Rhode Island***
**** Sign, date and return application to:***

RI Department of Environmental Management
Division of Agriculture / Animal Health Section
235 Promenade St. / Rm. 370
Providence, RI 02908-5767

Signature below indicates knowledge and understanding of the laws, regulations, and requirements listed above. Boarding Kennel owner is responsible for employees being informed and understanding all laws, regulations, forms and requirements listed above and can attest that to the best of their knowledge, no employee has ever been convicted of animal cruelty or mistreatment.

Signature of Owner/Applicant: _____
Title: OWNER **Date:** 6/28/17
Signature of Co-Owner/Applicant: _____
Title: _____ **Date:** _____

Applicant Signature: _____ *Date:* 6/28/17

Additional Employees

Daniel Cregg	kennel
Lilly Esposito	Kennel
Peter Ciancarelli	Kennel
Brittney Souza	trainer

EXPIRES JUNE 30, 2017

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE
ANIMAL HEALTH SECTION
235 Promenade St.
Providence, RI 02908-5767

CERT. OF LICENSE FOR A BOARDING KENNEL

A 2016/17 License is hereby issued to:

SOLID K9 TRAINING – Group Training
25 ACORN ST
PROVIDENCE, RI 02909

LICENSE #1027/777
EXP. 06/30/17

CHIEF, Div. of Agriculture

5/10.00) $50.00 Cash.

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE & RESOURCE MARKETING
235 Promenade Street, Room 370, Providence, RI 02908-5767
Phone: 401-222-2781 Fax: 222-6047 TDD: 711 http://www.dem.ri.gov

816 | 603 ENTERED 6/30/16

RECEIVED $50.00 JUN 30 2016 DEPT. OF ENVIRONMENTAL MANAGEMENT DIVISION OF AGRICULTURE

APPLICATION FOR A BOARDING KENNEL LICENSE

FACILITY INFORMATION:

New Facility ☐ or Renewal? ☒ If renewal, any changes since last year? Yes ☐ No ☒

Name of Facility: Solid K9 Training

Street Address: 25 Acorn St.

Town or City: Providence **Zip Code:** 02903

Telephone: 401-274-1078 **FAX:**

Email: jeff@solidk9training.com **Website:** www.solidk9training.com

Mail Address (if diff. from facility location):

Town / City: **Zip Code:**

Business Hours:

Sunday: 730am to 6pm
Monday: 730am to 6pm
Tuesday: 730am to 6pm
Wednesday: 730am to 6pm
Thursday: 730am to 6pm
Friday: 730am to 6pm
Saturday: 730am to 6pm

After Hours Telephone / Emergency Contact:

OWNER/APPLICANT INFORMATION:

Name: Jeff Gillman

Home Address: 5 Claremont Ave, Providence, RI 02908

Telephone: 401-527-6354

Is KENNEL affiliated with any RI Municipal Animal Control? YES ☐ NO ☒

If yes, please identify City(s) or Town(s) and Supervising Animal Control Officer(s):

5/10.00 #50.00 Cash.

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE & RESOURCE MARKETING
235 Promenade Street, Room 370, Providence, RI 02908-5767
Phone: 401-222-2781 Fax: 222-6047 TDD: 711 http://www.dem.ri.gov

816|603 ENTERED 6/30/16

RECEIVED JUN 30 2016 DEPT. OF ENVIRONMENTAL MANAGEMENT DIVISION OF AGRICULTURE #50.00

APPLICATION FOR A BOARDING KENNEL LICENSE

FACILITY INFORMATION:

New Facility ☐ or Renewal? ☒ If renewal, any changes since last year? Yes ☐ No ☒

Name of Facility: Solid K9 Training

Street Address: 25 Acorn St.

Town or City: Providence **Zip Code:** 02903

Telephone: 401-274-1078 **FAX:**

Email: jeff@solidk9training.com **Website:** www.solidk9training.com

Mail Address (if diff. from facility location):

Town / City: **Zip Code:**

Business Hours:

Sunday:	730am to 6pm	**Thursday:**	730am to 6pm
Monday:	730am to 6pm	**Friday:**	730am to 6pm
Tuesday:	730am to 6pm	**Saturday:**	730am to 6pm
Wednesday:	730am to 6pm		

After Hours Telephone / Emergency Contact:

OWNER/APPLICANT INFORMATION:

Name: Jeff Gellman

Home Address: 5 Claremont Ave, Providence, RI 02908

Telephone: 401-527-6354

Is KENNEL affiliated with any RI Municipal Animal Control? YES ☐ NO ☒

If yes, please identify City(s) or Town(s) and Supervising Animal Control Officer(s):

EMPLOYEES

Please list all current employees and/or volunteers

NAME	TITLE
Jeff Gellman	owner
Jon Ricciardelli	head trainer
Shayla Benwell	kennel staff
Spencer Anderson	trainer
Jessica Duva	kennel / office
Daniel Cregg	kennel staff
Ryan Donatelli	kennel staff

TYPES OF ANIMALS TO BE BOARDED

	# ANIMALS (Capacity of Facility)	# PERMANENT CAGES	# RUNS
CANINES	30	25	3
FELINES			
OTHER			

COMMON ROOMS or SOCIALIZATION AREAS:

Please indicate below if the kennel has any areas that are set aside for animals to be housed together – either part of the day or full-time. Give dimensions of area and number of animals that it would normally house.

① 15' x 15' ③ 6' x 25'

② 8' x 15'

ISOLATION ROOMS, RUNS OR CAGES: (please list number and type)

2

ATTENDING VETERINARIAN(S):

List all Veterinarians which care for animals in your facility. Use additional pages if needed.

Name: Dr. Belinsky Hospital name: Sakonnet Vet. Hospital

Hospital Address: 1320 Main Rd. Tiverton, RI 02878

Telephone: 401 624 6624 FAX:

Name: Hospital name:

Hospital Address:

Telephone: FAX:

ATTACH A DETAILED FLOOR PLAN OF YOUR KENNEL

This diagram should include ALL the following:

Main Entrance	Interior and exterior doors
Front desk or reception area	Windows and vents
Indoor and outdoor runs or cages	Heating and/or cooling system
Isolation cages/runs or rooms	Lighting
Food storage	Drainage systems
Refrigerator and/or freezer	Location of sprinklers or fire extinguishers
Medical treatment room(s) (if applicable)	Posted emergency evacuation plan or map
Waste receptacles (covered)	

Is Facility equipped with a microchip scanner? YES ☐ NO ☒

Does Facility have an emergency evacuation plan? YES ☒ NO ☐

Does Facility have a "shelter in place" plan in case of emergency? YES ☒ NO ☐

Can Facility temporarily house additional animals in an Emergency or Disaster? YES ☐ NO ☒

How Many? DOGS: _____ CATS: _____ OTHER: _____

REGULATIONS:

RI DEM Website- http://www.dem.ri.gov/

The State of Rhode Island Manual for Rabies Management and Protocols
http://www.dem.ri.gov/programs/bnatres/agricult/pdf/rabiesprot2010.pdf

RULES & REGULATIONS GOVERNING THE PREVENTION, CONTROL AND SUPPRESSION OF RABIES WITHIN THE STATE OF RHODE ISLAND
http://www.dem.ri.gov/pubs/regs/regs/agric/rabies10.pdf

RI GENERAL LAWS:

State of Rhode Island General Laws / TITLE 4 - Animals and Animal Husbandry
http://www.rilin.state.ri.us/Statutes/TITLE4/INDEX.HTM

Relevant Chapters:

- **CHAPTER 4-1 Cruelty to Animals**
- **CHAPTER 4-4 Animal Diseases in General**
- **CHAPTER 4-13 Dogs**
- **CHAPTER 4-19 Animal Care**

Please review above listed information as pertains to Boarding Kennels. Download and print information as needed.

NOTE: Boarding Kennel Licenses expire June 30th. It is the responsibility of the licensee to renew annually. No reminder will be sent.

Any change in the maximum number of animals, housing of animals, types of animals, configuration of facility, etc, will require an amendment that must be approved by Animal Health prior to the change being executed.

Signature below indicates knowledge and understanding of the laws, regulations, and requirements listed above. Boarding Kennel owner is responsible for employees being informed and understanding all laws, regulations, forms and requirements listed above.

Signature of Owner/Applicant: _____

Title: owner **Date:** 6/28/16

Signature of Co-Owner/Applicant: _____

Title: _____ **Date:** _____

*** Complete the form in its entirety**
*** Use reverse side to list any additional employees, etc.**
*** Call DEM / Div. Of Agriculture /Animal Health Section with inquiries @ 401-222-2781**
*** Include a $50.00 fee made payable to The State of Rhode Island**
*** Sign, date and return application to:**

RI The Department of Environmental Management
Division of Agriculture / Animal Health Section
Attn: State Veterinarian
235 Promenade St. / Rm. 370
Providence, RI 02908-5767

DEM Use Only:

Inspected By: _____ **Date:** _____

Approved By: _____ **Date:** _____

$60.00 Cash

fee 50.00

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE & RESOURCE MARKETING
235 Promenade Street, Room 370, Providence, RI 02908-5767
Phone: 401-222-2781 Fax: 222-6047 TDD: 711 http://www.dem.ri.gov

ENTERED

APPLICATION FOR A BOARDING KENNEL LICENSE

FACILITY INFORMATION:

New Facility ☐ or Renewal? ☒ If renewal, any changes since last year? Yes ☐ No ☒

Name of Facility: Solid K9 Training

Street Address: 25 Acorn St.

Town or City: Providence, RI **Zip Code:** 02903

Telephone: 401 274 1078 **FAX:** —

Email: jeff@solidk9training.com **Website:** www.solidk9training.com

Mail Address (if diff. from facility location):

Town / City: **Zip Code:**

Business Hours:

Sunday: 730am to 6 pm
Monday: 730am to 6 pm
Tuesday: 730am to 6 pm
Wednesday: 730 am to 6 pm
Thursday: 730 am to 6 pm
Friday: 730 am to 6 pm
Saturday: 730 am to 6 pm

After Hours Telephone / Emergency Contact: Jeff 401 527 6354

OWNER/APPLICANT INFORMATION:

Name: Jeff Gellman

Home Address: 5 Claremont Ave, Providence, RI 02908

Telephone: 401 527 6354

Is KENNEL affiliated with any RI Municipal Animal Control? YES ☐ NO ☒

If yes, please identify City(s) or Town(s) and Supervising Animal Control Officer(s):

RECEIVED
DEC 1 2016
DEPT. OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE

Paid here $20.00

Picked up application and $60.00 Returned to J. Dura

WDA 5 8 2016

EXPIRES JUNE 30, 2016

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE
ANIMAL HEALTH SECTION
235 PROMENADE ST.
PROVIDENCE, RI 02908-5767

CERT. OF LICENSE FOR A BOARDING KENNEL

A 2015/16 License is hereby issued to;

SOLID K9 TRAINING – Group Training
25 ACORN ST
PROVIDENCE, RI 02909

LICENSE #1027/777
EXP. 06/30/16

CHIEF, Div. of Agriculture

OR 3245
5/18/15
$100.00

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE & RESOURCE MARKETING
235 Promenade Street, Room 370, Providence, RI 02908-5767
Phone: 401-222-2781 Fax: 222-6047 TDD: 711 http://www.dem.ri.gov

Renewal for Acorn St.

ENTERED 5/19/15

816 | 603

LICATION FOR A BOARDING KENNEL LICENSE

FACILITY INFORMATION:

New Facility ☐ or Renewal? ☒ If renewal, any changes since last year? Yes ☐ No ☒

Name of Facility: Solid K9 Training

Street Address: 25 Acorn St.

Town or City: Providence **Zip Code:** 02903.

Telephone: 401-274-1078 **FAX:**

Email: jeff@solidk9training.com **Website:** www.solidk9training.com.

Mail Address (if diff. from facility location):

Town / City: **Zip Code:**

Business Hours:

Sunday:	730am to 6 PM	**Thursday:**	730am to 6 PM
Monday:	730am to 6 PM	**Friday:**	730am to 6 PM
Tuesday:	730am to 6 PM	**Saturday:**	730am to 6 PM.
Wednesday:	730am to 6 PM		

After Hours Telephone / Emergency Contact: Jeff Gellman (401) 527-6354

OWNER/APPLICANT INFORMATION:

Name: Jeff Gellman.

Home Address: 5 Claremont Ave. Providence RI 02908

Telephone: (401) 527-6354.

Is KENNEL affiliated with any RI Municipal Animal Control? YES ☐ NO ☒

If yes, please identify City(s) or Town(s) and Supervising Animal Control Officer(s):

CR 3245
5/18/15
$100.00

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ENTERED 5/19/15

816 | 603

APPLICATION FOR A BOARDING KENNEL LICENSE

FACILITY INFORMATION:

New Facility ☐ or Renewal? ☒ If renewal, any changes since last year? Yes ☐ No ☒

Name of Facility: Solid K9 Training

Street Address: 25 Acorn St.

Town or City: Providence **Zip Code:** 02903.

Telephone: 401-274-1078 **FAX:** _____

Email: jeff@solidk9training.com **Website:** www.solidk9training.com.

Mail Address (if diff. from facility location): _____

Town / City: _____ **Zip Code:** _____

Business Hours:

Sunday:	730am to 6pm	**Thursday:**	730am to 6pm
Monday:	730am to 6pm	**Friday:**	730am to 6pm
Tuesday:	730am to 6pm	**Saturday:**	730am to 6pm.
Wednesday:	730am to 6pm		

After Hours Telephone / Emergency Contact: Jeff Gellman (401)527-6354.

OWNER/APPLICANT INFORMATION:

Name: Jeff Gellman.

Home Address: 5 Claremont Ave. Providence RI 02908.

Telephone: (401) 527-6354.

Is KENNEL affiliated with any RI Municipal Animal Control? YES ☐ NO ☒

If yes, please identify City(s) or Town(s) and Supervising Animal Control Officer(s):

_____

_____

EMPLOYEES

Please list all current employees and/or volunteers

NAME	TITLE
Jeff Gellman	owner.
Jon Ricciardelli	Head Trainer
Shayla Benwell	Kennel Staff
Spencer Anderson	Kennel Staff
Melissa Thayer	Kennel Staff
Lauren Wisniewski	Office Manager

TYPES OF ANIMALS TO BE BOARDED

	# ANIMALS (Capacity of Facility)	# PERMANENT CAGES	# RUNS
CANINES	30	25	3
FELINES			
OTHER			

COMMON ROOMS or SOCIALIZATION AREAS:

Please indicate below if the kennel has any areas that are set aside for animals to be housed together – either part of the day or full-time. Give dimensions of area and number of animals that it would normally house.

① 15'x15' ③ 6'x25'

② 8'x15'

ISOLATION ROOMS, RUNS OR CAGES: (please list number and type)

2

ATTENDING VETERINARIAN(S):

List all Veterinarians which care for animals in your facility. Use additional pages if needed.

Name: Dr. Belinsky Hospital name: Sakonnet Veterinary Hospital

Hospital Address: 1320 Main Rd Tiverton RI 02878

Telephone: (401) 624-6624. FAX:

Name: Hospital name:

Hospital Address:

Telephone: FAX:

ATTACH A DETAILED FLOOR PLAN OF YOUR KENNEL

This diagram should include ALL the following:

Main Entrance	Interior and exterior doors
Front desk or reception area	Windows and vents
Indoor and outdoor runs or cages	Heating and/or cooling system
Isolation cages/runs or rooms	Lighting
Food storage	Drainage systems
Refrigerator and/or freezer	Location of sprinklers or fire extinguishers
Medical treatment room(s) (if applicable)	Posted emergency evacuation plan or map
Waste receptacles (covered)	

Is Facility equipped with a microchip scanner? YES ☐ NO ☒

Does Facility have an emergency evacuation plan? YES ☒ NO ☐

Does Facility have a "shelter in place" plan in case of emergency? YES ☒ NO ☐

Can Facility temporarily house additional animals in an Emergency or Disaster? YES ☐ NO ☒

How Many? DOGS: _____ CATS: _____ OTHER: _____

REGULATIONS:

RI DEM Website- http://www.dem.ri.gov/

The State of Rhode Island Manual for Rabies Management and Protocols
http://www.dem.ri.gov/programs/bnatres/agricult/pdf/rabiesprot2010.pdf

RULES & REGULATIONS GOVERNING THE PREVENTION, CONTROL AND SUPPRESSION OF RABIES WITHIN THE STATE OF RHODE ISLAND
http://www.dem.ri.gov/pubs/regs/regs/agric/rabies10.pdf

RI GENERAL LAWS:

State of Rhode Island General Laws / TITLE 4 - Animals and Animal Husbandry
http://www.rilin.state.ri.us/Statutes/TITLE4/INDEX.HTM

Relevant Chapters:

- **CHAPTER 4-1 Cruelty to Animals**
- **CHAPTER 4-4 Animal Diseases in General**
- **CHAPTER 4-13 Dogs**
- **CHAPTER 4-19 Animal Care**

Please review above listed information as pertains to Boarding Kennels. Download and print information as needed.

NOTE: Boarding Kennel Licenses expire June 30th. It is the responsibility of the licensee to renew annually. No reminder will be sent.

Any change in the maximum number of animals, housing of animals, types of animals, configuration of facility, etc, will require an amendment that must be approved by Animal Health prior to the change being executed.

Signature below indicates knowledge and understanding of the laws, regulations, and requirements listed above. Boarding Kennel owner is responsible for employees being informed and understanding all laws, regulations, forms and requirements listed above.

Signature of Owner/Applicant: _____

Title: Owner. **Date:** 5/18/15

Signature of Co-Owner/Applicant: _____

Title: _____ **Date:** _____

*** Complete the form in its entirety**
*** Use reverse side to list any additional employees, etc.**
*** Call DEM / Div. Of Agriculture /Animal Health Section with inquiries @ 401-222-2781**
*** Include a $50.00 fee made payable to The State of Rhode Island**
*** Sign, date and return application to:**

RI The Department of Environmental Management
Division of Agriculture / Animal Health Section
Attn: State Veterinarian
235 Promenade St. / Rm. 370
Providence, RI 02908-5767

DEM Use Only:

Inspected By: _____ **Date:** _____

Approved By: _____ **Date:** _____

ANIMAL CARE INSPECTION FORM
STATE OF RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
Division of Agriculture/Animal Health Section
235 Promenade St. Providence, RI 02908-5767
Tel. (401) 222-2781 Fax (401) 222-6047

Name of Establishment SOLID K9 TRAINING **Date** JUNE 5, 2015

Address 25 ACORN STREET PROVIDENCE, RI 02903 **Type**

Reason for Inspection: (✓) **Routine** ( ) **Complaint** (✓) **License** ( ) **Other** RENEWAL

If complaint state specific nature of the complaint

	S	D	U
Condition of Animals	✓		
Floors		✓	
Walls and Ceilings	✓		
Doors and Windows	✓		
Lighting	✓		
Ventilation and Odor Control	✓		
Waste Removal	✓		
Food Storage	✓		

	S	D	U
Temperature Control	✓		
Cage/Run Size	✓		
Safety of Enclosures	✓		
Sanitation	✓		
Logbook Availability			
Proper Animal Identification	✓		
Other OUTSIDE RUN		✓	
Other			

S= Satisfactory **D= Deficient** **U= Unsatisfactory**

Use this space to elaborate on any areas that were deficient or unsatisfactory:

GROOMING ROOM FLOOR HAS DEFECTS THAT SHOULD BE REPAIRED TO BE MORE SEAMLESS

OUTSIDE - EXERCISE AREA DEFECTS IN CONCRETE SHOULD BE REPAIRED TO BE MORE SEAMLESS

Suggestions by inspector to remedy deficient or unsatisfactory condition:

DEFECTS IN FLOOR IN GROOMING ROOM AND CONCRETE IN EXERCISE AREA SHOULD BE REPAIRED TO BE MORE SEAMLESS

Are there any restricted species? ( ) **YES** (✓) **NO**

If YES list

Name / Title of person interviewed (PRINT) Shayla Renwell

Signature of person interviewed Shayla Renwell

Signature of Inspector Thu B. Belinsky V.M.D.

(AH inspection Form Revised 2/08)