



# Young-Williams Animal Center



CITY OF KNOXVILLE

## Application for Animal Exhibition Permit

State of Tennessee

County of Knox

**For Staff Use:**

Permit No.: \_\_\_\_\_

**\$25.00 Fee Submitted:**

Yes       No

Date Approved: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

Date Fee Received: \_\_\_\_\_

**Event Information:**

Name of Event: \_\_\_\_\_

Location: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date Start: \_\_\_\_\_ Date End: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Name of Exhibitor Organization/Business: \_\_\_\_\_

***I hereby make application for a permit to show or exhibit animals authorized to be shown or exhibited under the provisions of City of Knoxville Animal Ordinances Chapter 5, Article I, Section 5-14 and base my application upon answers to the following questions:***

**1) Applicant Information:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**2) Name, Address, and Phone Number of all operators of exhibition:**

i. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

ii. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

ii. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**3) Have you or any of the parties listed above ever operated an animal exhibit?**

Yes       No

**4) If yes, list the type of exhibit, date and place of operation over the last five years:**

Type of Exhibit	Date	Place
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**5) Have you or any of the parties listed above ever been convicted of any violation of animal laws in any state within the last ten years?**

Yes       No

**If yes, give particulars of each charge, state, court and date of conviction:**

Charge	State	Court	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**6) List below the number and species of all animals to be exhibited (attach an additional sheet if necessary):**

Species: \_\_\_\_\_ Qty: \_\_\_\_\_ Species: \_\_\_\_\_ Qty: \_\_\_\_\_

**7) List below the name and phone number of veterinarians to be available during hours of exhibit operation:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**8) Will animals be sold at the exhibition?**       **Yes**       **No**

**Have you ever applied for an animal exhibition permit from the City of Knoxville?**

**Yes**       **No**

**Have you ever had an animal exhibition permit denied in the State of Tennessee?**

**Yes**       **No**

**If yes, explain the reason for the denial:** \_\_\_\_\_

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## Terms and Conditions

**Read the following terms of the application for an animal exhibition permit and, after carefully reading, understanding, and considering the following, sign and date signifying your accord and agreement with those terms.**

*I understand that, should my application be accepted, I am being granted a privilege, not a right. I acquire no vested interest in continuing to exhibit animals within the City of Knoxville beyond the stated terms of this permit. I understand that neither the City of Knoxville nor any of its instrumentalities, agents, or employees makes any representations as to continued rights to exhibit animals within the City of Knoxville or to extend the duration of the permit or grant additional permits in the future. I absolve the City of Knoxville of all liability flowing from any damage or harm that I or another granted authority under this permit might cause, by negligence or otherwise, in the enjoyment of the privileges granted therein. I assert that I have read and understand the relevant provisions of the Animal Ordinances in Chapter 5 of the City of Knoxville Code and agree to comply with all relevant provisions of those ordinances governing the treatment, sale, transport, and care of the animals in question and understand the criminal and civil consequences of violating those ordinances. I further understand that, in the event of a public health or safety emergency, I agree to immediate compliance with directions of public health officials and Young-Williams Animal Services and agree to allow those officials to enter, seize control, and/or close my operations if a situation threatening the public health and/or safety develops or is discovered.*

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Witnessing Officer** \_\_\_\_\_ **Badge/ID:** \_\_\_\_\_

By providing a telephone number and submitting this form, you are consenting to be contacted by SMS text message. Message & data rates may apply. Message frequency may vary. You may read our privacy policy at <https://www.young-williams.org/privacy/>. Reply Help for more information. You can reply STOP to opt-out of further messaging.

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**Please remit this form along with the \$25.00 application fee (make checks payable to Young-Williams Animal Center) to the following address:**

Young-Williams Animal Center  
ATTN: Animal Services Admin - Permits  
3201 Division Street  
Knoxville, TN 37919

If you have questions relating to this application, please contact Young-Williams Animal Services by emailing [animalservices@young-williams.org](mailto:animalservices@young-williams.org) or call (865) 407-2229.

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### To Be Completed By Young-Williams Animal Services:

Inspection Performed?  Yes  No

Date of Inspection: \_\_\_\_\_

Permit Approved?  Yes  No

Animal Services Officer Signature \_\_\_\_\_

Date: \_\_\_\_\_ Badge/ID: \_\_\_\_\_

Notes: \_\_\_\_\_