



**CITY OF AKRON**  
**Treasury/License Division**  
**161 S. High St., Suite #200**  
**Akron, OH 44308**  
**(330) 375-2484**

## **Application for a License to Conduct a Petting Zoo**

Permanent       Temporary       Mobile

Name of Operator		Phone #
Address		
City	State	Zip
Location Where Petting Zoo Will Operate:		
Dates of Operation:		
Name of Insurance Company Providing Certificate of General Liability Insurance		
Signature		Date

Please include the following information with the application:

1. The number and species of animals that will be present.
2. The number and species of any animals that have been immunized for rabies.
3. Proof of insurance naming the City of Akron as an additional insured.
4. Proof of any applicable USDA license.
5. A sketch of the petting zoo depicting the physical layout of the petting zoo, including locations of exhibits, barriers, eating areas, entrance(s) to and exit(s) from the petting zoo, hand-washing stations, and distances between such items.

**After submitting all of the above, please contact the Summit County Health District at (330)-926-5600 to schedule a pre-license inspection.**