



# Village of Bannockburn

2275 Telegraph Road  
Bannockburn, Illinois 60015  
Phone: 847-945-6080 Fax: 847-945-6538

Village Resident  
Bannockburn, Illinois 60015

## Re: Dog License Application

Dear Resident:

Enclosed is the Village's Dog License Application form. Please:

- Complete the enclosed application;
- Provide the new rabies tag number with *proof of inoculation*. If this is your first application, provide proof of rabies inoculation and rabies tag number, with this application form;
- Include your **application fee**:
  - Neutered or spayed fee: \$ 10.00/dog
  - Not neutered or spayed fee: \$ 20.00/dog

You may mail your application to 2275 Telegraph Road or drop it off at the Village Hall Monday: 8:30 a.m. – 5:00 p.m.; Tuesday, Thursday – 8:30 a.m. – 4:30 p.m.; Wednesday – 7:30 a.m. – 4:30 p.m.; Friday – 7:30 a.m. – Noon. Please note that dogs found unlicensed are subject to code violation enforcement, as noted in Ordinance 2004-05.

Should you have any questions regarding this application, please feel free to contact the Village Hall at 847-945-6080.

Sincerely,

**Village of Bannockburn**

VILLAGE OF BANNOCKBURN  
DOG LICENSE APPLICATION

20 \_\_\_\_\_

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

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Bannockburn, IL Phone: (847) \_\_\_\_\_

Please indicate sq. footage of lot: 1 acre= 43,560 sq. ft. \_\_\_\_\_ sq. ft.

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**Dog 1:** Tag No. *Office Use Only*

Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ yrs. \_\_\_\_\_ mo.

Sex:  Male  Female Neutered/Spayed:  Yes  No Date of Rabies Inoculation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Vet's Name/Phone: \_\_\_\_\_ Lake Co. Tag No. \_\_\_\_\_

Coloring: \_\_\_\_\_ Hair Length:  Long  Short  Straight  Curly  
(PLEASE CHECK ALL THAT APPLY)

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**Dog 2:** Tag No. *Office Use Only*

Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ yrs. \_\_\_\_\_ mo.

Sex:  Male  Female Neutered/Spayed:  Yes  No Date of Rabies Inoculation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Vet's Name/Phone: \_\_\_\_\_ Lake Co. Tag No. \_\_\_\_\_

Coloring: \_\_\_\_\_ Hair Length:  Long  Short  Straight  Curly  
(PLEASE CHECK ALL THAT APPLY)

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**Dog 3:** Tag No. *Office Use Only*

Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ yrs. \_\_\_\_\_ mo.

Sex:  Male  Female Neutered/Spayed:  Yes  No Date of Rabies Inoculation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Vet's Name/Phone: \_\_\_\_\_ Lake Co. Tag No. \_\_\_\_\_

Coloring: \_\_\_\_\_ Hair Length:  Long  Short  Straight  Curly  
(PLEASE CHECK ALL THAT APPLY)