



RECEIVED

SEP 29 2009

BY: _____

United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Animal Care

920 Main Campus
Drive, Suite 200
Raleigh, NC
27606-5213
Tel. 919-855-7100
Fax: 919-855-7123

RE: CERTIFICATE CANCELLATION FAILURE TO RENEW

Certificate Number: 35-B-0122

Renewal Date: 09/07/2009

Certified Mail Return Receipt Number:

September 16, 2009

Customer ID Number: 11173

(b)(6)

Animart Inc
4303 East Towne Way
Madison, WI 53704

Dear Sir/Madam:

This is to inform you that, because we did not receive your Animal Welfare Act (AWA) license renewal documents and applicable fees before the stated expiration date, your license has expired and is no longer valid.

If you have allowed your license to lapse and are conducting regulated activities, please be advised that you must undergo the entire licensing process, i.e. apply, pay the appropriate fees and pass a pre-licensing inspection, before being issued another license.

Further more, if you are currently conducting regulated activities without a valid license, you will be considered in violation of the Animal Welfare Act and subject to legal action.

We appreciate your efforts in complying with the Animal Welfare Act. Contact this office at (919) 855-7100 if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,

Elizabeth Goldentyer, DVM
Regional Director – Animal Care
Eastern Region

cc: Dawn E. Barksdale, DVM



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

11173
Animart Inc
4303 East Towne Way
Madison, WI 53704

35-B-0122

2. Article Number

(Transfer from service label)

7008 0150 0000 7474 3952

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B

(b)(6)

Agent
 Addressee

C. Date of Delivery

9-22-09

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



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27606-5213
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Fax: 919-855-7123

RE: RETURN FEES LICENSE ALREADY CANCELLED

Certificate Number: 35-B-0122

Cancellation Date: 09/16/2009

Certified Mail Return Receipt Number:

September 21, 2009

Customer ID Number: 11173

(b)(6)

Animart Inc
4303 East Towne Way
Madison, WI 53704

Dear Sir/Madam:

Thank you for the renewal application and fees received in our office on 09/21/2009. You were notified by certified mail on 09/16/2009, that your license was terminated due to the failure to renew your license on or before the expiration date of 09/07/2009. Section 2.5(b) of Title 9, Code of Federal Regulations, Subchapter A, Animal Welfare states, "**The required annual license fee must be received in the appropriate Animal Care regional office on or before the expiration date of the license or the license will expire and automatically terminate.**"

Should you desire to become licensed with us again, please contact us at the address or phone number below for a new license application kit. Complete and return the new license application, the green form for SSN/taxpayer ID and a \$10.00 application fee.

Please be advised that if you conduct regulated activities without a valid license, you will be considered in violation of the Animal Welfare Act and subject to legal action.

We are returning your renewal application, APHIS Form 7003, and your payment form # 0002491 in the amount of \$ 485.00.

If you have any questions regarding this letter, please contact our office at the below address or by calling (919) 855-7100.

Sincerely,

Elizabeth Goldentyer, D V M
Regional Director – Animal Care
Eastern Region

Dawn E. Barksdale, D V M



RECEIVED

SEP 21 2009

<p>According to the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0038. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</p>		<p>FORM APPROVED OMB NO.: 0579-0038</p>	
<p>U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE</p> <p>APPLICATION FOR LICENSE (TYPE OR PRINT)</p> <p><input checked="" type="checkbox"/> RENEWAL</p>		<p>No license may be issued unless a completed application has been received (7 U.S.C. 2132-2143), and the applicant is in compliance with the standards and regulations Section 2133.</p> <p>DO NOT USE THIS SPACE- OFFICIAL USE ONLY</p> <p>SEND THE COMPLETED FORM TO: USDA APHIS ANIMAL CARE Eastern Region 920 Main Campus Drive Suite 200 Raleigh, NC 27606-5210 (919) 855-7100</p>	
		<p>LICENSE NO./CUST NO 35-B-0122 11173</p>	<p>RENEWAL DATE 7-Sep-2009</p>
<p>1. NAME(S) OF OWNER(S) AND MAILING ADDRESS ANIMART INC 4303 East Towne Way</p>		<p>2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable) 4303 East Towne Way</p>	



Animart PET

900 GREEN VALLEY RD
BEAVER DAM WI 53916
Phone: 920-885-2800

HORICON STATE BANK
HORICON, WISCONSIN 53032

79-562/759

DATE
09-15-09

CHECK NO.
0002491

AMOUNT
\$***485.00*

****FOUR HUNDRED EIGHTY FIVE DOLLARS & NO CENTS

PAY TO THE ORDER OF:

US DEPT OF AGRICULTURE
920 MAIN CAMPUS DR
SUITE 200
RALEIGH, NC 27606-5213

AUTHORIZED SIGNATURE

⑈002491⑈ ⑈075905622⑈ ⑈147168⑈

(b)(6)			
<p>10. DEALER ONLY CLASS A (BREEDER) - LINE 'D' = 1/4 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)</p>		<p>11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)</p>	
A: TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	(b)(4)	DOGS	RABBITS
B: TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR		CATS	NONHUMAN PRIMATES
C: TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)		GUINEA PIGS	MARINE MAMMALS
D: DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)		HAMSTERS	WILD OR EXOTIC MAMMALS
		OTHER (i.e., farm animals) (List Species and No.)	
CERTIFICATION			
<p>I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and certify to the best of my knowledge I am in compliance with all regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am over 18 years of age.</p>			
12. SIGNATURE	13. NAME AND TITLE (Type or Print)	14. DATE	



RE: CERTIFICATE CANCELLATION FAILURE TO RENEW
Certificate Number: 35-B-0122
Renewal Date: 09/07/2009

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Certified Mail Return Receipt Number:
September 16, 2009
Customer ID Number: 11173

(b)(6)
Animart Inc
4303 East Towne Way
Madison, WI 53704

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Further more, if you are currently conducting regulated activities without a valid license, you will be considered in violation of the Animal Welfare Act and subject to legal action.

We appreciate your efforts in complying with the Animal Welfare Act. Contact this office at (919) 855-7100 if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,


Elizabeth Coldentyer, DVM
Regional Director – Animal Care
Eastern Region

cc: Dawn E. Barksdale, DVM



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

7008 0150 0000 7474 3952

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Total Postage

Sent to
Street, Apt. No.
or PO Box No.
City, State, ZIP

11173
Animart Inc
4303 East Towne Way
Madison, WI 53704

SEP 22 2008

FORM APPROVED OMB NO. 0579-0036

No license may be issued unless a completed application has been received (7 U.S.C. 2133-2143), and the applicant is in compliance with the standards and regulations Section 2133.

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040
Raleigh, NC 27606
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 35-B-0122	07-SEP-2008	\$485	07/30/08 TB
CUST: 11173			

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Animart Inc
Towne
4303 East Town Way
Madison, WI 53704

Telephone: (608)242-2140

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

1113 N Spring St
Beaver Dam, WI 53916
County: Dodge

Telephone: (920)885-2814

4303 East Towne Way
Madison WI 53704
Dane Co
608 242 2140

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder Class B - Dealer Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM

10/1/06
04 JUL 2006

TO

9/30/07
30 JUN 2007

7. TYPE OF ORGANIZATION

Individual Corporation Partnership
 Other (Specify) INC.

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

(b)(4)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
GUINEA PIGS	FARM ANIMALS	BEARS
HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and certify to the best of my knowledge I am in compliance with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

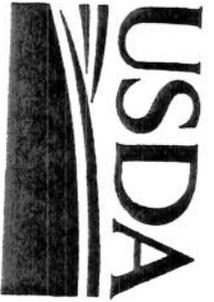
(b)(6), (b)(7)c

12. SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER

39-1833543

13. DATE

8/31/08



United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service
Animal Care

EXPIRATION DATE: SEPTEMBER 7, 2009

This is to certify that
ANIMART INC

is a licensed
under the
CLASS B DEALER

Animal Welfare Act

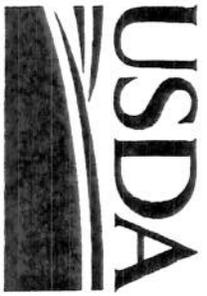
(7 U.S.C. 2131 et seq.)

Certificate No. 35-B-0122

Customer No. 11173

CH...

Deputy Administrator



United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Animal Care

EXPIRATION DATE: SEPTEMBER 7, 2008

This is to certify that

ANIMART INC

is a licensed
under the

CLASS B DEALER

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No.

35-B-0122

Customer No.

11173

Deputy Administrator



JAN 9 3 2008

DBARKSDALE

INSPECTION REPORT

11173 cust_id
226676 insp_id
11721 site_id

ANIMART INC

Customer ID: 11173

Certificate: 35-B-0122

Site: 001

ANIMART, INC

Inspection

Type: ROUTINE INSPECTION

Date: JAN-08-2008

4303 EAST TOWN WAY
MADISON, WI 53704

THIS IS AN ELECTRONIC VERSION OF THE HANDWRITTEN REPORT DATED JANUARY 8, 2008.

No non-compliant items identified during this inspection.

Inspection conducted with the manager.

Prepared By:

Dawn Barksdale DVM
DAWN-BARKSDALE, D V M , USDA, APHIS, Animal Care

Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1062

Received By:

Title: (b)(6), (b)(7)c

Date:

JAN-08-2008

Date:

JAN-08-2008



United States Department of Agriculture
Animal and Plant Health Inspection Service
Animal Care

JAN 23 2008

INSPECTION REPORT

Animant, INC
4303 East Taone Way
Madison, WI 53704

Customer ID:
Certificate: 3330122

Site:

Inspection
Type: Routine
Date: January 2, 2008

NARRATIVE

No non-compliance items identified during this inspection.
Inspection conducted with the manager and inspector
of record.

Prepared By: Dana Bruchala, DVM

Title: Veterinary Medical Officer

Date: January 2, 2008

Inspector ID: 9102

Received By: [Signature]

Date: January 2, 2008

Title: [Signature]