



**City of Inver Grove Heights
KENNEL LICENSE APPLICATION**

**Non-Commercial = \$100
Commercial = \$500**

Section 1: Applicant Information

1. Name: _____
Last First Middle

Home Address: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

2. Kennel Name: _____

Kennel Address: _____

Owner/Operator: _____

3. Type of License Sought: _____ Non-Commercial _____ Commercial

4. _____ I have received a copy of Inver Grove Heights City Code Title 5, Chapter 4, Animal Control. **(Please Initial if you agree with this statement)**

5. _____ I have reviewed Title 5, Chapter 4 of the Inver Grove Heights City Code and agree to abide by the provisions of Title 5, Chapter 4, Animal Control. **(Please initial if you agree with this statement)**

6. Please provide proof that your proposed kennel complies with the requirements of the City's Zoning Code. **Information regarding zoning can be obtained by contacting the Community Development Department at (651) 450-2545.**

7. The property on which the proposed kennel is to be located is zoned _____

Section 2: Animal Information

8. Please provide the total number of dogs to be kept _____

How many of the dogs listed above do you consider to be your pets? _____

9. Please provide the name, breed, sex, color, marking of the dog, and corresponding proof of rabies vaccination for each dog proposed to be kept. Attach proof of rabies vaccination from licensed veterinarian to this form.

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

10. _____ I/we certify that I/we are not restricted from owning a dog pursuant to Minnesota Statutes Section 347.52. **(Please initial if you agree with this statement)**

Notice and Applicant Signature

I declare that the information I have provided on this application is truthful, and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Inver Grove Heights to investigate and make whatever inquiries are necessary to verify the information provided.

X _____ Date: _____
Applicant Signature

For Office Use Only:

Application Received: _____ By: _____ Fee Paid: _____

Property Owner Notification Sent: _____ Animal Control Inspection: _____

Council Action Date: _____ Application: _____ Approved _____ Denied _____