Application for Hobby Kennel License

A hobby kennel license is required to have in excess of four dogs. Incomplete applications will not be accepted. No transfer of any license to another location or person shall be valid without prior approval. All licenses will be issued for a one year period (January 1 to December 31). An application fee of _____ is due when the application is submitted. Licenses may be denied or suspended as a result of complaints or violations. An inspection of the area animals will live in will be done before license approval. Identifying information about all dogs living on the property will be registered with the city of Mankato.

License No.:_____

Applicant's Full Name: _____ Phone #_____

Address: _____

(street) *(city)* *(State)* *(zip)*

Address and legal description of property to be used for kennel:

_____

(street) *(city)* *(State)* *(zip)*

Application is a NEW_____ RENEWAL _____ (check one).

If this is a NEW application, attach a scaled drawing and provide a description of the primary enclosure in which the animals are proposed to be kept _____

_____

If this is a NEW application, describe the methods which will be used to maintain the premises in a clean and healthful condition _____

_____

If this a RENEWAL application, have you changed the primary enclosure for the animals from what was shown in your original application? YES _____ NO _____. If yes, explain the changes and attach a revised drawing.

_____

_____

In submitting this application, I hereby agree to comply with the regulations imposed by the Mankato City Code, including nuisance prohibitions, and Minnesota Statutes 346.35 to 346.44, cited as the "Pet and Companion Animal Welfare Act". I further agree to allow inspection of the premises by any health officer, animal control officer or other person charged with enforcement of the City Code. The information requested on this form will be used in the issuance of your license or processing your renewal application. I have no intention or agreement to transfer the license to another person, or to allow any other entity to operate under the authority of the license.

I hereby solemnly swear that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the ordinance under which this license is granted.

Return application & payment to:
City of Mankato – Public Safety Dept
710 S. Front Street
Mankato MN 56002

_____

Signature of Applicant Date

Complete the registration information for all dogs and cats included in this application:

Pet type (circle): DOG

Pet Name: _____
Gender: ☐ Male ☐ Female
Breed: _____ Spayed/Neutered: Yes ☐ No ☐
Age: _____ Color: _____
Distinguishing Marks: _____

Veterinarian Name: _____ Phone: _____
Rabies Tag #: _____ Date of vaccination: _____
Expiration: _____
Microchip #: _____

Pet type (circle): DOG

Pet Name: _____
Gender: ☐ Male ☐ Female
Breed: _____ Spayed/Neutered: Yes ☐ No ☐
Age: _____ Color: _____
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