



8150 Barbara Avenue  
Inver Grove Heights, MN 55077  
[www.ighmn.gov](http://www.ighmn.gov)

# Kennel License Application

**License Period:** March 1, 2021 - February 28, 2023

Applications can be dropped off or sent to City Hall at 8150 Barbara Avenue, Inver Grove Heights, MN 55077

TYPE OF LICENSE SOUGHT	
<input type="checkbox"/> <b>NON-COMMERCIAL</b>	<input type="checkbox"/> <b>COMMERCIAL</b>
<b>FEE: \$100</b>	<b>FEE: \$500</b>

KENNEL INFORMATION			
<b>KENNEL NAME:</b>			
<b>STREET ADDRESS:</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>KENNEL OWNER/OPERATOR:</b>			
<b>HOME ADDRESS:</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>PHONE NUMBER:</b>			
<b>TOTAL NUMBER OF DOGS TO BE KEPT:</b>			
<b>HOW MANY OF THE DOGS LISTED ABOVE DO YOU CONSIDER TO BE YOUR PETS?</b>			

**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.**

<b>The property on which the proposed kennel is to be located is zoned:</b>	
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**Please read and initial the following statements:**

	I have received a copy of Inver Grove Heights City Code Title 5, Chapter 4, Animal Control.
	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.
	I certify that I am not restricted from owning a dog pursuant to Minnesota Statutes Section 347.52.

**PLEASE PROVIDE THE NAME, BREED, SEX, COLOR, MARKING, AND CORRESPONDING PROOF OF RABIES VACCINATION FOR EACH DOG TO BE KEPT.**

**\* PLEASE ATTACH TO THIS FORM PROOF OF VACCINATION FROM YOUR VETERINARIAN**

1.	<b>NAME:</b>	<b>BREED:</b>	<b>SEX:</b>	<b>COLOR:</b>	<b>MARKING:</b>	<b>RABIES VACCINATION PROOF ATTACHED?</b> <input type="checkbox"/>
2.	<b>NAME:</b>	<b>BREED:</b>	<b>SEX:</b>	<b>COLOR:</b>	<b>MARKING:</b>	<b>RABIES VACCINATION PROOF ATTACHED?</b> <input type="checkbox"/>
3.	<b>NAME:</b>	<b>BREED:</b>	<b>SEX:</b>	<b>COLOR:</b>	<b>MARKING:</b>	<b>RABIES VACCINATION PROOF ATTACHED?</b> <input type="checkbox"/>
4.	<b>NAME:</b>	<b>BREED:</b>	<b>SEX:</b>	<b>COLOR:</b>	<b>MARKING:</b>	<b>RABIES VACCINATION PROOF ATTACHED?</b> <input type="checkbox"/>
5.	<b>NAME:</b>	<b>BREED:</b>	<b>SEX:</b>	<b>COLOR:</b>	<b>MARKING:</b>	<b>RABIES VACCINATION PROOF ATTACHED?</b> <input type="checkbox"/>
6.	<b>NAME:</b>	<b>BREED:</b>	<b>SEX:</b>	<b>COLOR:</b>	<b>MARKING:</b>	<b>RABIES VACCINATION PROOF ATTACHED?</b> <input type="checkbox"/>

### 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.*

**Signed:**

**Date:**

#### For Office Use Only

Application Received: \_\_\_\_\_

By: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Property Owner Notification Sent: \_\_\_\_\_

Animal Control Inspection: \_\_\_\_\_

#### CITY COUNCIL REVIEW

Council Action Date: \_\_\_\_\_

Application: \_\_\_\_\_

Approved:

Deny: