



8150 Barbara Avenue
Inver Grove Heights, MN 55077
www.ighmn.gov

Kennel License Application

License Period: March 1, 2023 - February 28, 2025

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

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

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.

The property on which the proposed kennel is to be located is zoned:	
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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.	NAME:	BREED:	SEX:	COLOR:	MARKING:	RABIES VACCINATION PROOF ATTACHED? <input type="checkbox"/>
2.	NAME:	BREED:	SEX:	COLOR:	MARKING:	RABIES VACCINATION PROOF ATTACHED? <input type="checkbox"/>
3.	NAME:	BREED:	SEX:	COLOR:	MARKING:	RABIES VACCINATION PROOF ATTACHED? <input type="checkbox"/>
4.	NAME:	BREED:	SEX:	COLOR:	MARKING:	RABIES VACCINATION PROOF ATTACHED? <input type="checkbox"/>
5.	NAME:	BREED:	SEX:	COLOR:	MARKING:	RABIES VACCINATION PROOF ATTACHED? <input type="checkbox"/>
6.	NAME:	BREED:	SEX:	COLOR:	MARKING:	RABIES VACCINATION PROOF ATTACHED? <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: