



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

# Kennel License Renewal Application

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

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>			

**ON THE NEXT PAGE, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH DOG TO BE KEPT:**

- **NAME**
- **BREED**
- **SEX**
- **COLOR**
- **MARKING(S)**
- **PROOF OF RABIES VACCINATION FOR EACH DOG**

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

**PROVIDE THE REQUIRED INFORMATION FOR EACH DOG TO BE KEPT ON THE PREMISE.**

**\* 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"/>

**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.

*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:**