

**CITY OF TAYLORS FALLS
DOG / CAT KENNEL LICENSE APPLICATION**

Date: _____

Fee: \$50.00

Owner's Name: _____

Address: _____ Telephone: _____

Type of kennel license: () CAT () DOG Number of animals: _____

<u>Animal Name</u>	<u>Sex</u>	<u>Breed/Markings</u>	<u>Attach copy of Rabies # and exp date</u>
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Names of all persons 18 years or older, who own property or reside within 350 feet of the property boundary upon which the kennel is proposed: (to be completed by City)

<u>NAME</u>	<u>ADDRESS</u>
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I hereby certify that the information provided above is true and correct to the best of my knowledge.

Owner's Signature