

#### **CITY ADMINISTRATOR'S OFFICE**

1307 Cloquet Avenue, Cloquet MN 55720 Phone: 218-879-3347 Fax: 218-879-6555 www.ci.cloquet.mn.us email: admin@ci.cloquet.mn.us

# CITY OF CLOQUET, MN APPLICATION FOR PRIVATE KENNEL LICENSE

"Private Kennel" shall mean any premises, regardless of how zoned or used, within the City Limits of the City, where four or five dogs or cats in combination, six months or older, are kept, maintained or harbored as pets or for some other purposes, but not for purposes of selling, boarding, breeding, showing, treating or grooming, or other commercial purposes.

A Private Kennel License is for the purpose of providing a period of time not less than six months but not to exceed three years in which to find another place where the dogs and cats numbering in excess of thee dogs and/or three cats can be legally, safely and humanely harbored.

### **INDIVIDUAL SUBMITTING APPLICATION:** Name: First Full Middle Name Last **Applicant Current Address:** City, State, Zip: Home Phone Work Phone Cell Phone **E-Mail Address** PREMISE / PROPERTY INFORMATION: Street Address: **Property Zoning District:** Property Parcel ID Number: Property Complete Legal Description: ☐ Yes Are you the owner of the property? □No

If no, you must provide a letter of support/approval from the property owner on which such kennel license is sought.

Complete the following for all of the dogs and/or cats the applicant keeps, harbors, or has custody or control of:

Breed of Dog or Cat	Age	Sex	License No.	Date of last rabies vaccination (must be vaccinated at least once every 3 years
	0-			least enecessary a years
I HEREBY UNDERSTAND AND AGREE THAT:				
(I) do hereby swear that I have submitted all of the reapplication are true and correct to the best of my kn obtain any necessary information and to conduct an application and my qualifications for this license. I d my license.	owledge. I do autho investigation, if nece	rize the City o	f Cloquet, its ager e truth of the stat	its, and employees, to ements set forth in thi
Circulation of Applicant			Data	
Signature of Applicant			Date	
Signature of Applicant Print Name			Date	
	Middle		Date Last	
Print Name	Middle			

FOR CITY USE ONLY: (When applicable)				
	Signature:	Approved:	Denied:	Date:
Planning:				
Police Chief:				
City Administrator:				

#### THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH THIS APPLICATION:

Attach to application a sketch or drawing of the proposed kennel describing the construction, operation, purpose and approximate number of animals to be kept, harbored or to be in the custody or control of the applicant or confined in such kennel.
Attach to application a written consent form with signatures from all (100%) of residential land owners located within one hundred (100') feet of the property line.
Authorization & Release/Data Practices Advisory Form
Proof of dog/cat licenses.
Proof of rabies vaccination.
Appropriate Fees:
1. Private Kennel license fee of \$75.00 (Ord. 423A - not to exceed 3 years)

City Code, Section 8.2.13, Subd. 5. Hearing Required. A public hearing before the City Council, shall be required for all applications for Private Kennel Licenses and shall be placed on the agenda of the City Council for a public hearing at a regular City Council meeting within 30 days after the application is received by the City. Not less than seven days before the date of the public hearing, the City Administrator shall mail notice of the hearing to the applicant and to the owners of the property within 100 feet of the proposed kennel location. The failure of any owner to receive the notice shall not invalidate the proceeding.

### $\label{eq:proposed kennel information} \textbf{PROPOSED KENNEL INFORMATION} \\ - \textbf{PROPOSED KENNEL INFORMATION}$

Construction:	_			
Operation:				
Purpose:				
a. pose.				
Number of Anima	als:			
DRAW PROPOS	SED KENNEL			

#### PRIVATE KENNEL LICENSE APPLICATION — ATTACHMENT

## CONSENT FORM FROM RESIDENTIAL LANDOWNERS LOCATED WITHIN 100 FEET OF THE PROPERTY LINE (Must be filed annually)

<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
	<del></del>	<del>-</del>
	<del></del>	
		-
	<del></del>	<del>-</del>
		<del> </del>
		-

Date of Birth:		
		Social Security Number:
	Auth	orization & Release
background and history of request every law enforce institution having control of any such documents, reany of its representatives authorize any such personauthorize to them by the City may be used by it in its request.	of the applicant in order to betternet official and every other of any documents, records or ecords and other information to inspect and make copies on to answer any inquiries, que city or its authorized represents evaluation of my application	ity of Cloquet realizing that the City has need to investigate the ter evaluate his or her application, does hereby authorize and person, firm, officer, corporation, association, organization or other information pertaining to me to furnish the original or copic to the City or any of its representatives and to permit said City or fany such documents, records and other information. I further estions or interrogatories concerning the undersigned which may need to be a fall the information of the complex that the information is obtained by the new the complex with the authorization and request made herein from any and the complex with the authorization and request made herein from any and the complex with the authorization and request made herein from any and the complex with the authorization and request made herein from any and the complex with the authorization and request made herein from any and the complex with the authorization and request made herein from any and the complex with the compl
	e and kind growing out of and	in any way pertaining to the furnishing or inspection of such
Signature of Applicant		 Date
	Data Practices A	dvisory (T <i>ennessen Warning)</i>
private or confidential. P	rivate data is information whi	ovide on the attached forms are classified by state law as either ch generally cannot be given to the public, but can be given to the nich generally cannot be given to either the public or the subject o
others appearing on the a		perform background investigations of the applicant, manager and will be used to determine if it is appropriate for the applicant to be
You are not legally requir in your application being	•	. However, failure to furnish the requested information may resu
		nts in the course of their investigations. In addition, various State d portions of the information you provide.
If you have any questions	in this regard, please contact	the City Administrator's Office at (218) 879-3347.
I READ AND UNDERSTAN	D THE ABOVE INFORMATION I	REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.