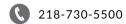


## City Clerk's Office



Room 318 411 West First Street Duluth, Minnesota 55802-1189

FOR OFFICE USE ONLY	
DATE	
LICENSE #	

## **APPLICATION**

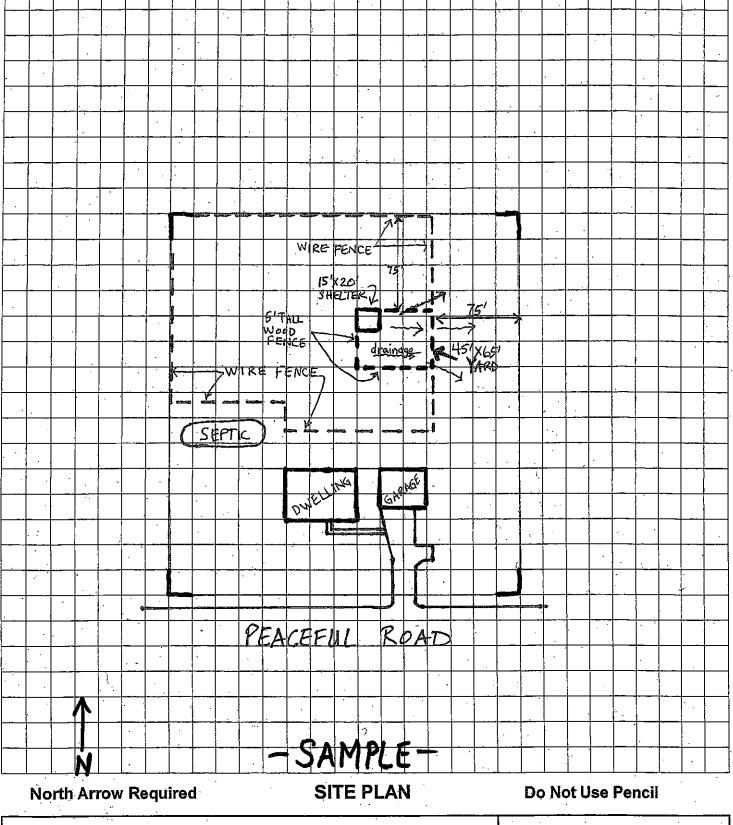
Type or clearly write in your information below. Submit all pages with payment to the above address.

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including a tax identification number and social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

KEEPING OF SMALL HOOFED MAMMALS							
FEE = \$10.00	AMOUNT ENCLOSED: \$						
LICENSEE NAME/ADDRESS/PHONE/EMAIL	MAILING ADDRESS						
NEW LICENSE	RENEWAL						
Complete the attached site plan.	Check one of the following:						
Return it with your application.							
	No changes have been made to						
	the enclosure location.						
	Changes have been made to the						
	enclosure location. Update the site						
	plan using the attachment.						
	ORRECT AND I SHALL COMPLY WITH ALL PROVISIONS OF THE OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.						
APPLICANT SIGNATURE	 DATE						

## **Petition for Keeping of Small Hoofed Mammals Permit**

Site Address:			Page:	of
The resident at the above numbers of animals on the from 51% of the owners of	eir property. The a	application process require	es applicants to	obtain permission
By signing below, I am giv listed on this form:	ring permission fo	r the following types of an	imals to be keep	at the address
Species:	Number:	Species:	Number: _	
Owner/Occupant Name: _				
Address:				
Phone Number:				
Signature:				
Owner/Occupant Name: _				
Address:				
Phone Number:				
Signature:				
Our and Occurs and Names				
Owner/Occupant Name: _				
Address:				
Phone Number:				
Signature:				
Owner/Occupant Name: _				
Address:				
Phone Number:				
Signature:				



Site Address:		Plat / Parcel No.
Owner's Name: This Site Plan is an accurate	e and complete representation of the footprint(s) of	Grid is 4 squares per inch
	ructure(s) and their location(s) on the subject property.	Scale: 1" = <u>20'</u> Feet
Applicant's Signat	ure:	Date:

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	North Arrow Required SITE PLAN Do Not Use Pencil									1	<u> </u>																			
	Site Address:									· .·	Plat / Parcel No.																			
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Site Address:		Plat / Parcel No.
Owner's Name:		
This Site Plan is an accur	ate and complete representation of the footprint(s) of	Grid is 4 squares per inch
all existing and proposed	structure(s) and their location(s) on the subject property.	Scale: 1" = Feet
Applicant's Signa	ature:	Date: