



City Clerk's Office

218-730-5500

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 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.

### ANIMAL RESCUE GROUP OR ORGANIZATION REGISTRATION

NAME OF GROUP/ORGANIZATION

\_\_\_\_\_

GROUP/ORGANIZATION ADDRESS

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER

\_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMAIL

\_\_\_\_\_

PRIMARY CONTACT NAME

\_\_\_\_\_

PRIMARY CONTACT PHONE NUMBER

\_\_\_\_\_

**LIVE INTAKE:**

NUMBER RELINQUISHED BY OWNER \_\_\_\_\_

NUMBER RECEIVED FROM OTHER AGENCIES \_\_\_\_\_

NUMBER RECEIVED FOR OTHER REASONS \_\_\_\_\_

TOTAL INTAKE \_\_\_\_\_

**FINAL OUTCOMES:**

NUMBER ADOPTED \_\_\_\_\_

NUMBER RECLAIMED BY OWNER \_\_\_\_\_

NUMBER TRANSFERRED TO ANOTHER AGENCY \_\_\_\_\_

NUMBER THAT DIED \_\_\_\_\_

NUMBER THAT WERE LOST \_\_\_\_\_

NUMBER EUTHANIZED AT REQUEST OF OWNER \_\_\_\_\_

**WEBSITE URL WHERE INTAKE AND OUTCOME INFORMATION IS POSTED AND UPDATED**

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**INTAKE AND OUTCOME INFORMATION MUST BE UPDATED QUARTERLY AND REMAIN POSTED ONLINE FOR ONE YEAR AFTER INITIAL POSTING. ANIMAL RESCUE GROUPS AND ORGANIZATIONS ARE SUBJECT TO INSPECTIONS. FACILITIES MUST BE OPERATED IN A SANITARY MANNER, AND ACCESS MUST BE GIVEN TO ASCERTAIN COMPLIANCE.**

**I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISIONS OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.**

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**AUTHORIZED SIGNATURE**

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**DATE**