



**City of Newport, Minnesota  
ANNUAL KENNEL LICENSE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Total Lot Size (Sq Ft): \_\_\_\_\_

Size of Kennel (Sq Ft): \_\_\_\_\_

Type of Animal to be Keneled: \_\_\_\_\_

Breed(s): \_\_\_\_\_

Maximum Adult Animals to be Keneled: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

Fee: \$50

Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

Approved by the Newport City Council on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

This license is valid until December 31, 20\_\_.

\_\_\_\_\_  
City Administrator

\_\_\_\_\_  
Mayor