



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