



**CITY OF OAK PARK HEIGHTS
APPLICATION FOR KENNEL PERMIT**

Application Fee: \$100.00
Return to: Deputy City Clerk
P.O. Box 2007
Oak Park Heights, MN 55082
(651) 439-4439

Applicant Name: _____

Address: _____

Phone Number: _____ Work: _____

Pet Information:

Name	Gender	Spayed/ Neutered?	Color	Breed	OPH Dog Tag No.

****Proof of rabies vaccination for each pet must be submitted with application**

Having made full payment of the application fee and submitted proof of rabies vaccination for each pet indicated above, I/we request a Kennel Permit be granted and agree to operate said kennel in accordance with the City of Oak Park Heights Domestic Animal Ordinance 601.

Date: _____ Signature: _____

Approved ___ / Denied ___ this ___ day of _____, _____, by the City Council of the City of Oak Park Heights.

Mayor

City Administrator