



# KENNEL LICENSE

**CONDITIONAL USE PERMIT/INTERIM USE PERMIT NO.** \_\_\_\_\_

*Are there any changes to the approved permit:* \_\_\_\_\_

**INITIAL APPLICATION FEE: \$35.00** (\$25.00 Investigation Fee + Annual License Fee: \$10.00)

**ANNUAL -RENEWAL LICENSE FEE: \$10.00**

Business / Kennel Name:	
Address:	
Phone:	

## BACKGROUND CHECK – INFORMED CONSENT FORM

Date: \_\_\_\_\_

The following named individual has made application with the City of Hibbing for a Kennel License

**Last Name of Applicant** (please print): \_\_\_\_\_

**First Name** (please print): \_\_\_\_\_

**Middle** (full) (please print): \_\_\_\_\_

**Maiden, Alias, or Former** (please print): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Sex:**  Male  Female

**Social Security Number:** (Optional) \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Hibbing for the purpose of a Kennel License with this agency.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
Date

State of Minnesota  
County of St. Louis

The foregoing instrument was acknowledged before me on \_\_\_\_\_, 20\_\_ by \_\_\_\_\_

\_\_\_\_\_  
*Signature of Notary Public*