



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