



CITY OF GRAND FORKS
 255 N 4th Street, Grand Forks, ND 58203
 Phone: 701-746-2626 Fax: 701-795-3740

ANIMAL KENNEL LICENSE APPLICATION

BUSINESS INFORMATION:		
Business Name:	License #	
Street Address:		
City:	State:	Zip:
Business Phone Number:	Contact Person:	
Email Address:		
OWNER INFORMATION:		
Owner Name:	<small>Check if owner information is the same as business information.</small>	
Mailing Address:		
City:	State:	Zip:
Owner Phone Number :	Contact Person:	
Email Address:		

Fees:		
<p>An animal kennel license is required for any building or fenced area where dogs are kept for breeding, for sale, for medical care, for training, or for boarding. Any building or fenced area where five (5) or more dogs, six (6) months or older, are kept for an individual's own use.</p>		
<table style="width:100%; border: none;"> <tr> <td style="width: 80%;">Animal Kennel License Fee</td> <td style="text-align: right;">\$25</td> </tr> </table>	Animal Kennel License Fee	\$25
Animal Kennel License Fee	\$25	
Total Fee Enclosed		

Mail completed Application with fee to:

Finance and Administrative Services
City of Grand Forks
PO Box 5200
Grand Forks, ND 58206-5200

License issuance is subject to inspection and approval of the Health Department. Please contact the Health Department at 701-787-8100 for information on the requirements for this license. Failure to comply with current regulations and codes as listed for this license may result in suspension or revocation of the license. By signing below I agree to abide by the regulations associated with this license.

Signature _____

For Office Use Only:	Animal Kennel License
Business/Organization:	
Date:	Amount: