



1685 CROSSTOWN BOULEVARD N.W. • ANDOVER, MINNESOTA 55304 • (763) 755-5100  
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**COMMERCIAL DOG KENNEL LICENSE APPLICATION  
CITY CODE TITLE 5, CHAPTER 1**

***Commercial (any place where a person accepts dogs from the general public and where such animals are kept for the purpose of selling, boarding, breeding, training, or grooming)***

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Number of Dogs** \_\_\_\_\_

**Kennel Name** \_\_\_\_\_

\*\*\*\*\*

**Property Size** \_\_\_\_\_

**Method of Waste Disposal** \_\_\_\_\_

**Will facility be used for training dogs?** \_\_\_\_\_

**Number of employees** \_\_\_\_\_

**Attach a scaled drawing of the property and structures affected showing: scale and north arrow; dimensions of the property and structures; front, side and rear yard building setbacks; adjacent streets; and location and use of existing structures within 100 feet.**

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License Fee:	
_____	New License Fee \$380.00 (Must also apply for a Conditional Use Permit with the Planning Department)
_____	Renewal License \$25.00
License # _____	City Council Action _____

# CITY OF ANDOVER TAX CLEARANCE

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority required to provide to the Minnesota Commissioners of Revenue your Minnesota Business Tax Identification Number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply the information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

**License Being Applied for or Renewed:** \_\_\_\_\_

**Licensing Authority:** \_\_\_\_\_ CITY OF ANDOVER \_\_\_\_\_

**License Renewal Date:** \_\_\_\_\_

**Personal Information:**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Or Individual Tax Identification Number (ITIN) \_\_\_\_\_

**Business Information:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Minnesota Tax Identification # \_\_\_\_\_

Federal Tax Identification # \_\_\_\_\_

If Minnesota Tax Identification number is not required, please explain. \_\_\_\_\_

Signature: \_\_\_\_\_

Company: \_\_\_\_\_



**TENNESSEN WARNING**

In connection with your request for a license the City of Andover has asked that you provide information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota – Department of Revenue and other government agencies as provided by law.*

**The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.**

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Name