



1685 CROSSTOWN BOULEVARD N.W. • ANDOVER, MINNESOTA 55304 • (763) 755-5100  
FAX (763) 755-8923 • WWW.ANDOVERMN.GOV

**PRIVATE DOG KENNEL LICENSE APPLICATION  
CITY CODE TITLE 5, CHAPTER 1**

*Private (any place where more than three dogs are kept for private enjoyment and not for monetary gain, provided such animals are owned by the owner or the lessee of the premises on which they are kept)*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

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

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

\*\*\*\*\*

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

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

**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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<p>License Fee:</p> <p>_____ New License \$200.00 (Includes Mailing Labels)</p> <p>_____ Renewal License \$25.00</p> <p>License # _____ City Council Action _____</p>
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**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