

APPLICATION FOR ANIMAL EVENT PERMIT

City of Minneapolis

Class A or B

MCO 63.130

Type of Permit Requested (check one)

Class A permit (\$80.00): Required for any hooved or small animal otherwise prohibited under this title brought into the city for an event not open to the general public, including, but not limited to, birthday parties and weddings.

Class B permit (\$205.00): Required for any person, entity, business, or other to exhibit any hooved or small animal, or to display any vicious or wild animals for educational purposes (including raptors, fowl, or other birds) otherwise prohibited under this title brought into the city for an event open to the general public, including, but not limited to, temporary petting zoos established at community events or festivals.

Applicant Permit Information

Name of Applicant: _____
Last Name First name Middle Initial

Business Name: _____

Business Physical Address: _____
Address City State Zip Code

Business Mailing Address: _____
Address City State Zip Code

Phone No.: _____ Fax No.: _____ Email: _____

Event Location(s) (Address): _____
Address City State Zip Code

Name of Event: _____

Date and Time of Event: _____

Information of Vendor Providing Animals:

Vendor Business Name: _____ Contact Name: _____

Vender Physical Address: _____
Address City State Zip Code

Vender Mailing Address: _____
Address City State Zip Code

Phone No.: _____ Fax No.: _____ Email: _____

Owner and Operators Providing Animals (information must be provided for each animal owner):

Owner Name _____
Last Name First name Middle Initial

Mailing Address: _____
Address City State Zip Code

Location where animals are housed: _____
Address City State Zip Code

Phone No.: _____ Fax No.: _____ Email: _____

USDA License No.: _____

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Name of owner/operators veterinarian

Veterinary Clinic: _____ **Veterinarian Name:** _____

Address: _____
Address
City
State
Zip Code

Phone No.: _____ **Fax No.:** _____ **Email:** _____

Provide required information for each animal:

Name or ID#		Name or ID#	
Species		Species	
Breed		Breed	
Sex		Sex	
Color		Color	
Rabies Vacc:		Rabies Vacc:	
*Date		*Date	
EIA Test:		EIA Test:	
*Date		*Date	
Other :		Other :	
*Type		*Type	
*Date		*Date	

Name or ID#		Name or ID#	
Species		Species	
Breed		Breed	
Sex		Sex	
Color		Color	
Rabies Vacc:		Rabies Vacc:	
*Date		*Date	
EIA Test:		EIA Test:	
*Date		*Date	
Other test:		Other test:	
*Type		*Type	
*Date		*Date	

Please provide copies of the following records for each animal, as applicable:

- Rabies Certificate
 Coggins Test (equine only)
 Vaccination records - with application
 Certificate of Veterinary Inspection (if coming from a State other than Minnesota) - within 30 days of event

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Species		Species	
Breed		Breed	
Sex		Sex	
Color		Color	
Rabies Vacc:		Rabies Vacc:	
*Date		*Date	
EIA Test:		EIA Test:	
*Date		*Date	
Other : Type		Other : Type	
*Date		*Date	

Name or ID#		Name or ID#	
Species		Species	
Breed		Breed	
Sex		Sex	
Color		Color	
Rabies Vacc:		Rabies Vacc:	
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