City of Minneapolis Class A or B MCO 63.130

	Type of Permi	t Requested (check one)		
□Class A permit (\$80.00): Requi open to the general public, including	-	al otherwise prohibited under this title b ties and weddings.	rought into the city fo	r an event not
□Class B permit (\$205.00): Required for any person, entity, business, or other to exhibit any hoofed 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	Mi	ddle Initial
Business Name:				
Business Physical Address:	Address	City	 State	Zip Code
Business Mailing Address:				P
	Address	City	State	Zip Code
Phone No.:	Fax No.:	Email:		
Event Location(s) (Address):	Address	City	State	Zip Code
Name of Event:				Zip Code
	Information of V	endor 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 Oner	ators Brouiding Animals (in	formation must be provided for	aach animal awn	orl.
Owner and Operators Providing Animals (information must be provided for each animal owner):				
Owner NameLast Name	· · · · · · · · · · · · · · · · · · ·	First name	Mi	ddle Initial
Mailing Address:	Address	City	State	Zip Code
Location where animals are housed	l:			
	Address	City	State	Zip Code
Phone No.:	Fax No.:	Email:		

USDA License No.: ______

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Please provide the following information:

ction or getting injured by the
als, if applicable:
e area clean of animal waste:
it (include: method of capture,
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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	Name or	
ID#	ID#	
Species	Species	
Books	n	
Breed	Breed	
Sex	Sex	
Color	Color	
Rabies	Rabies	
Vacc:	Vacc:	
*Date	*Date	
EIA Test:	EIA Test:	
*Date	*Date	
Other:	Other:	
*Type	*Type	
*Date	*Date	
	<u>'</u>	
Name or	Name or	
ID#	ID#	
Species		
- P	Species	
Breed	Species Breed	
Breed	Breed	
Breed	Breed	
Breed Sex	Breed Sex	
Breed Sex Color	Breed Sex Color	
Sex Color Rabies	Breed Sex Color Rabies	
Sex Color Rabies Vacc: *Date	Sex Color Rabies Vacc: *Date	
Breed Sex Color Rabies Vacc: *Date	Breed Sex Color Rabies Vacc: *Date EIA Test:	
Sex Color Rabies Vacc: *Date	Sex Color Rabies Vacc: *Date	
Breed Sex Color Rabies Vacc: *Date EIA Test: *Date	Breed Sex Color Rabies Vacc: *Date EIA Test: *Date	
Breed Sex Color Rabies Vacc: *Date	Breed Sex Color Rabies Vacc: *Date EIA Test:	

Please provide copies of the following records for each animal, as applicable:		
\square Rabies Certificate \square Coggins Test (equine only) \square 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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Name or	Name or	
ID#	ID#	
Species	Species	
Breed	Breed	
Sex	Sex	
Color	Color	
Rabies	Rabies	
Vacc:	Vacc:	
*Date	*Date	
EIA Test:	EIA Test:	
*Date	*Date	
Other:	Other:	
Туре	Туре	
*Date	*Date	
<u>.</u>	•	
Name or	Name or	
ID#	ID#	
Species	Species	
Breed	Breed	
Sex	Sex	
Color	Color	
Rabies	Rabies	
Vacc:	Vacc:	
*Date	*Date	
EIA Test:	EIA Test:	
*Date	*Date	
Other:	Other:	
Type *Date	Type *Date	
		_
	1	
Name or ID#	Name or ID#	
Species	Species	
Breed	Breed	
Sex	Sex	
Color	Color	
Rabies Vacc:	Rabies Vacc:	
*Date	*Date	
FIA Took	FIA Took	
*Date	EIA Test: *Date	
Other	0.11	
Other: Type	Other: Type	
*Date	*Date	
	Dute	