

**APPLICATION FOR ANIMAL EVENT PERMIT**  
**City of Minneapolis**  
**Class A and B**  
**MCO 63.130**

**Please Print**

DATE OF APPLICATION: \_\_\_\_\_ ACTIVITY NUMBER: \_\_\_\_\_

(To be generated by Animal Care and Control)

**APPLICANT PERMIT INFORMATION**

Permission is requested to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request is for:    Dates: \_\_\_\_\_    Time: \_\_\_\_\_                      Dates: \_\_\_\_\_    Time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event Location(s) (address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information of Vendor Providing Animals:

Vendor Name: \_\_\_\_\_  
Vendor Address: \_\_\_\_\_  
Vendor Phone Number: \_\_\_\_\_ Vendor Fax Number: \_\_\_\_\_

All owners and operators providing animals:

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Information of Applicant:

APPLICANT NAME (PRINT): \_\_\_\_\_  
Applicant Mailing Address (Street, City & Zip): \_\_\_\_\_  
Applicant Phone Number: \_\_\_\_\_ Applicant Fax #: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

All owners and operators:

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fee Paid: \_\_\_\_\_

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**RECOMMENDATION**

Name of Department: Minneapolis Animal Care and Control Phone: 311 or 612-673-6222 Fax: 612-673-6255

Staff Recommendation:     Approve     Deny

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Attachments: \_\_\_\_\_ NoticeTo All Equine Owners                      \_\_\_\_\_ MDH Handwashing Station Recommendations

**Application Fee: Make check payable to: Minneapolis Finance Department**  
**Return application and filing fee to: Animal Control, 212 17th Avenue North, Minneapolis, MN 55411**

**Please be sure to include the questionnaire and responses as well as a copy of the insurance certificate with each application.**



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6. What kind of insurance do you have in case the public is injured by an animal?  
(Attach a copy of the insurance certificate with each application).
  
7. Please provide a statement indicating that you are aware that the permit can be revoked and the event closed down if violations of humane laws and/or ordinances and statutes regarding the care and keeping of animals are not followed:
  
8. Please list the number of staff available, the method of capture, and the equipment used to catch animals should they escape from your custody:
  
9. Please list the expiration date of the last rabies vaccination given to each animal, if applicable:
  
10. Name, address and phone number of veterinarian used:
  
11. Please list your USDA License #, if licensed:

MCO 63.130 Class A and B Permit Requirements.

(M) Minneapolis Animal Care and Control may deny an application for a traveling animal exhibition permit for any of the following reasons:

- (1) Failure to comply with or supply any information or access requested and/or required; or
- (2) Falsification of any information required; or
- (3) Previous or current violations of any provisions of this chapter; or
- (4) Previous or current citations, violations of any local, state, or federal law relating to cruelty to animals, public safety or animal exhibition permits.