

Application to Operate Kennel

VILLAGE OF MINOA 240 N. Main Street Minoa, New York 13116 Office 315-656-3100 Fax 315-656-0825 www.villageofminoa.com

Kennel Name:		
Address of Kennel:		
Name of kennel operator:		
Address of kennel operator:		
Telephone/Cell: Email:		
Name of property owner:		
Address of property owner:		
Property Zoning District: Is the use allowed in this district	t:	
Type of dog (s) to be kenneled:		
Number of dog (s) to be kenneled:		
Is kennel adequately fenced to keep dogs in and to protect dogs from intruder	rs? Yes	No
Will every effort be made to keep kennel clean and free from odors?	Yes	No
Will every effort be made to keep audio noise to a minimum?	Yes	No
Is property available to be inspected by the dog warden and the codes enforcement officer?	Yes	No
Does kennel operator have a New York State purebred license?	Yes	No
Will dogs be AKC registered?	Yes	No
Signature of Property Owner:		
Signature of Kennel Operator:		
Date:		
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