



Dog License

LICENSE NUMBER _____

Fee: \$10.00

STATE OF MINNESOTA,
County of Wright
City of Clearwater

100-42500-32240

Phone #: _____

Whereas, _____ has paid the sum of \$10.00 to the City of Clearwater
(Owner's Name)

as required by City Code of said City of Clearwater and complied with all the requirements of said Code necessary for obtaining this License.

Proof of rabies vaccination is attached. _____ YES _____ NO

Now Therefore, By the order of the City of Clearwater Council, and by virtue hereof, the said owner is hereby licensed and authorized to keep the following described animal on the premises located at:

_____, Clearwater, MN 55320:

Name: _____

Age: _____

- Male
- Female

Color: _____

Weight: _____

Breed: _____

for the period of a Lifetime subject to all the conditions and provisions of said City Code Chapter 10.

Office Use Only

Review and Approval by:

Fee: \$10.00

Signature

Date

Submit form to Clearwater City Hall:

E-mail: kgramsey@clearwatercity.com or astrohschein@clearwatercity.com

In-Person or Dropbox (located in parking lot): City Hall, 605 County Rd 75 NW, Clearwater, MN 55320

Mail: PO Box 9, Clearwater, MN 55320

Contact us: 320-558-2428 | clearwatercity.com | Mon-Thurs 8:00am-4:30pm