

Multiple Animal Permit Application

Applicant / Animal Owner Information:

Owner's Name _____
First Middle Last

Mailing Address: _____
Street City State Zip

Phone 1 # (_____) _____ Phone 2 # (_____) _____

Email Address: _____

Address where animals are to be kept: _____

Is the address where the animals are to be kept owned by someone other than the applicant?
 NO YES (*If 'yes' please attach letter from the property owner giving permission to house these animals*)

Are you fostering any of the animals for Tri-County Humane Society, St. Cloud Animal Shelter or other shelter?
 NO YES (*If 'yes' please provide information identifying the animal as a foster animal*)

Are you housing any of the animals for someone on military deployment?
 NO YES (*If 'yes' please attach proof of military deployment and ownership of that animal*)

Are there extraordinary circumstances that require you to have animals in excess of the city limits?
 NO YES (*If 'yes' please describe below and provide documentation if available*)

Please list all of the animals residing at the address. Attach additional pages if needed.

	SPECIES	BREED	NAME	COLOR	GENDER	SPAYED/ NEUTERED	RABIES EXP
1					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
9					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
10					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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How and where will these animals be housed? Please describe location on property, any outdoor/indoor enclosures, safety precautions to prevent escapes, ect. _____

The permit may only be granted if it is determined that nuisance conditions will not be created and that the animals listed will not present a health hazard. Please describe how nuisance conditions will be avoided and any other special precautions that will be taken to prevent possible health hazards. _____

Enclose the following:

- Any additional documentation that you feel would assist staff in determining your eligibility for a multiple animal permit (military deployment, animal fostering, extraordinary circumstances).
- Proof of spay/neuter for each animal (if applicable).
- Proof of any vaccination information mentioned in this application.
- \$25 application review fee.

Applications may be emailed, faxed, hand delivered or mailed to:

Address: Health and Inspections Department– Animal Control
400 2nd Street South
St. Cloud, MN 56301

Email: matt.obrien@ci.stcloud.mn.us

Fax: 320-650-3145

Signature of applicant _____ Date _____

IF THE APPLICATION IS APPROVED, a \$35 annual permit fee will be required prior to the issuance of the permit

REVOCACTION OF PERMIT: Permit may be revoked by the Health Director upon violation by the holder of any terms of the City of St. Cloud Ordinances or related policies.

TRANSFER OF PERMIT PROHIBITED: Permit shall not be sold, assigned, loaned or transferred.

OFFICE USE ONLY:

Inspection of premises: Date: _____ Completed by: _____

Comments: _____

APPROVED (valid until May 31 following the year of application) Health Director: _____

DENIED Date: _____

Application review fee (must be paid prior to this application being reviewed)

Date: _____ Receipt # _____ Amount \$ 25.00

Received by _____ Method: Check Credit/Debit Card Cash

Annual Permit fee (do not pay until application has been approved and indicated above)

Date: _____ Receipt # _____ Amount \$ 35.00

Received by _____ Method: Check Credit/Debit Card Cash

City of St. Cloud Multiple Animal Permit Policy

Purpose: The purpose of this policy is to provide guidance for the issuance of Multiple Animal Permits as allowed by Ordinance Section 1040, the Animal Control Ordinance.

Application: Residents who wish to obtain a Multiple Animal Permit will complete an application provided by the Health & Inspections Department and submit it along with the appropriate application fee.

Application review: Health & Inspections staff will review applications as follows.

1. **Application information complete:** Incomplete applications will be returned to the applicant.
2. **Fostering:** If applicants are providing foster care for animals, the following will apply:
 - Animal(s) must be fostered for either the Tri-County Humane Society or the City of Saint Cloud Animal Shelter.
 - Animal(s) are subject to the rabies vaccination and licensing requirements as defined in ordinance.
 - 1 Fostering is intended to be a temporary situation. If it is found that the animals placed are present for the subsequent annual permit application, no permit will be issued unless the resident qualifies for additional animals as an "Extraordinary circumstance".
3. **Extraordinary circumstances:** Residents must demonstrate an extraordinary circumstance. Examples include:
 - Military deployment – documentation must be provided
 - Family illnesses and special situations – accidents, death, and illness of family members which create a need for temporary or long term animal care.The following examples are not considered extraordinary circumstances:
 - Circumstances of the animal including injured animal, homeless animal, etc.
 - New residents who have owned animals in excess of the ordinance limits prior to moving into St. Cloud
 - Taking in animals from others who cannot care for them due to change in housing
 - Prescriptions written by medical care practitioners for additional animals that are not considered service animals.
 - Changes in family status through marriage, divorce, separation, etc.
4. **Grandfathering:** Owners who possess animals in excess of the limitations set in Ordinance Section 1040, and who met licensing requirements prior to August 13, 2009 will be granted Multiple Animal Permits without a permit fee or inspection. These permits shall be applied for and submitted by November 15, 2009. Animals possessed under these permits may not be replaced without application of a new Multiple Animal Permit.
5. **Inspection:** Health & Inspections staff will conduct an inspection as required prior to the initial issuance of a Multiple Animal Permit.

Permit denial: Multiple Animal Permits will be denied under the following conditions:

- Applicant or property has a history of relevant violations or complaints of City of Saint Cloud Ordinances, State of Minnesota Statutes or any animal control regulations in another jurisdiction.
- Information on the application or documentation find the applicant ineligible for a permit.
- Inspection finds any of the following:
 - Nuisance conditions
 - Inadequate housing or facilities that would not allow for humane treatment of the animal(s)
 - The keeping of the animal(s) poses a threat to human health and safety

If a Multiple Animal Permit application is denied, and the additional animal(s) are present on the property, the owner will have a maximum of 30 days to relocate the animal. Shorter time frames may be required when the animal(s) are creating nuisance conditions or when the welfare of the animal is a concern.

Modifications and revocation: A Multiple Animal Permit may be modified from time to time or revoked by the Health Director for failure to conform to required restrictions, limitations or prohibitions. Such modification or revocation shall be effective from and after ten (10) days following the mailing of written notice to the person or persons keeping or maintaining such animals.

Appeals: Permit denial, modification or revocation shall be appealable to the Health and Housing Advisory and Appeals Committee. A request for appeal form will be available from the Health & Inspections staff.

Violations: Violations of any portion of the Animal Control Ordinance are subject to Administrative Citations as allowed by Ordinance Section 1100. Administrative Citations as allowed by Ordinance Section 1100.

(Last Updated: July 2014)