
Have you submitted . . .

- Completed Commercial Kennel License Application
- License Fee
- Sketch or Drawing of Proposed Kennel
- Proof of Workers' Compensation Insurance Coverage Form
- Minnesota Business Tax Identification Number Form
- Proof of Payment of Property Taxes

Questions . . .

To obtain a commercial kennel license application or for more information on commercial kennel licensing, please call:

Deputy City Clerk

(763) 569-3308

Monday – Friday

8:00 a.m. – 4:30 p.m.



6301 Shingle Creek Parkway
Brooklyn Center, MN 55430-2199
Telephone (763) 569-3300
TTY/Voice 711
Fax (763) 569-3494
www.cityofbrooklyncenter.org

Commercial Kennel License Procedures

Revised 10/17

City of Brooklyn Center

License Requirements

The City of Brooklyn Center requires the licensing of commercial kennels as defined in Chapter 1 of its Ordinance. **Commercial Kennel** means any place limited to C2, I-1, and I-2 zoning districts where the business of keeping, raising, selling, boarding, breeding, showing, treating, or grooming of dogs and other animals is conducted, including pet shops, animal hospitals, and other similar establishments. The license period is October 1 through September 30. The annual license fee for a commercial kennel license is \$100; fees are not prorated or refunded. Please complete or provide the following:

- **License Application** – completed information as required
- **License Fee** – \$100 (checks made to City of Brooklyn Center)
- **Sketch or Drawing** – sketch or drawing of the proposed kennel describing construction, operation, and the approximate number of animals to be confined therein, together with their age, breed, and sex
- **Proof of Workers' Compensation Insurance Coverage Form** – as required by Minnesota Statute Section 176.182
- **Minnesota Business Tax Identification Number** – as required by Minnesota Statute Section 270.72

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- **Proof of Payment of Property Taxes** – submit copy of Hennepin County tax statement showing taxes paid or visit Hennepin County website at www.co.hennepin.mn.us

Kennel Standards

Section 1-106. **STANDARDS FOR COMMERCIAL KENNELS.** All commercial kennels shall be designed, operated, and maintained according to the following standards:

1. Commercial kennel floors and walls shall be constructed of impervious materials and all structures, areas, and appurtenances shall be designed to facilitate thorough and convenient cleaning. Commercial kennels shall be adequately ventilated and all doors, windows, and other openings to the outside shall be screened, May through October. The commercial kennels shall be provided with adequate and potable water supplies and shall be equipped with sewer facilities. Plans for all new commercial kennels and repairs or alterations to existing commercial kennels must be filed with and approved by the City's Public Health Sanitarian as a condition of the license.
2. Operating Standards. The licensee, its agents, and employees shall operate and maintain the kennel in accordance with standards set out in Title 9, Chapter 1, Subchapter A, Part 3, Section 3.100 through 3.106 of the United States Department of Agriculture, Animal and Plant Health Inspection Service, a copy of which is adopted by reference.

License Approval

Upon the City Clerk's receipt of a completed commercial kennel license application, appropriate license fee, sketch or drawing of the proposed kennel describing construction, operation, and the approximate number of animals to be confined therein, together with their age, breed, and sex, Proof of Workers' Compensation Insurance Coverage form, and Minnesota Business Tax Identification Number form, the Public Health Sanitarian shall review the kennel design and operation and make a recommendation to the City Council.

Hearing Required: A commercial kennel license application requires a Public Hearing before the City Council following 14 days after the application is received as required in Section 1-104, subd. 1b. Not less than seven days before the date of the Public Hearing, the City Clerk shall mail notice of the hearing to the applicant and to the owners of property within 150 feet of the proposed kennel location. The City Council meets the 2nd and 4th Monday of the month.

Acct No. 10100-4213

License Application Commercial Kennel

Annual Expiration: September 30
Annual Fee: \$100

TO THE HONORABLE CITY COUNCIL:

Date: _____

OPERATOR

Company Name: _____

Address: _____
(Street Address, City, State, and Zip)

Telephone Number: _____

OWNER (APPLICANT)

Company Name: _____

Address: _____
(Street Address, City, State, and Zip)

Telephone Number: _____

The undersigned hereby applies for a commercial kennel license and acknowledges receipt of a copy of City Ordinance Sections 1-101 through 1-120 and agrees to comply at all times with all laws, ordinances, or regulations applicable whether they be federal, state, county, or municipal. Submitted with this application is a sketch or drawing of the proposed kennel describing construction, operation, and the approximate number of animals to be confined therein, proof of workers' compensation insurance coverage, and Minnesota business tax identification number. Information is collected to determine eligibility for license. Failure to provide information requested may result in denial of application.

_____, being first duly sworn, upon his/her oath deposes and says that he/she is the person who has executed the foregoing application and that the statements made therein are true of his/her own knowledge and belief.

Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____

Notary Public _____

County _____

My Commission expires _____

City of Brooklyn Center
MINNESOTA BUSINESS TAX IDENTIFICATION NUMBER

Pursuant to Minnesota Statute 270C.72, Tax Clearance; Issuance of Licenses, the City of Brooklyn Center is required to provide to the Minnesota Commissioner of Revenue your Minnesota business identification number and the social security number of each license applicant. **Applicant** means an individual, if the license is issued to or in the name of an individual, or the corporation or partnership, if the license is issued to or in the name of a corporation or partnership. **Applicant** also means an officer of a corporation, a member of a partnership, or an individual who is liable for delinquent taxes, either for the entity for which the license is at issue or for another entity for which the liability was incurred, or personally as a licensee. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the City of Brooklyn Center. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

X License being applied for or renewed: _____

X License renewal date: _____

X **INDIVIDUAL INFORMATION (includes corporate officer or partner) Please Print:**

Applicant's Name: _____

Applicant's Address: _____

(Address, City, State, and Zip)

Social Security Number: _____

X **BUSINESS INFORMATION Please Print:**

Business Name: _____

Contact Person: _____

Business Address: _____

(Address, City, State, and Zip)

If a Minnesota Tax Identification Number is not required, please explain on the reverse side.

X Federal Tax Identification Number: _____

X Minnesota Tax Identification Number: _____

X _____
Signature Position (Officer, Partner, etc.) Date

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____
- Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.