CITY OF NEWAYGO Application For Vicious Dog License

Date:		Permit #: _		Fee:
1. Applica	nt Information:			
Na	ame:			
Ad	ddress:			
Pł	none #:			
E-	mail:			
2. Breed of	f Dog:			
3. Date this	s license expires:			
4. Proof of	Liability Insurance Name of Compan	y:		
	Policy Number:_			
	Amount of Cover	age:		
5. "Beware	e of Dog" sign displayed in promine	ent place on propert	y and on pen: Yes	\square No
	two (2) recent color photographs of give to the Police Department).	f the vicious dog wh	nich clearly shows the color and	approximate size of the
with a	o hereby swear that the above infor ll ordinances and regulations of mental units which may be involve	the City of Newa		
Applicant		Date	Applicant	Date
on th ordinand	This license is valid for one (1) e same premises, under the same or any court order during the same was as a same premises.	me conditions an ne previous twelv year per ******	d its owner has not violated re month period, can be ren iods.	l any condition of the newed for successive one-
		City officia	al/employee signature	