

# TOWN OF MOUNTAIN

## KENNEL LICENSE APPLICATION

STATE OF WISCONSIN, OCONTO COUNTY

DATE \_\_\_\_\_

TOWN OF MOUNTAIN, CLERK/TREASURER.

KENNEL OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

NUMBER OF DOGS IN KENNEL \_\_\_\_\_ BREED \_\_\_\_\_

NUMBER OF DOGS WITH RABIES VACCINATION \_\_\_\_\_  
(Please list name of dog and date of rabies vaccination on back)

NAME OF VETERINARIAN \_\_\_\_\_

ADDRESS OF VETERINARIAN \_\_\_\_\_

PHONE OF VETERINARIAN \_\_\_\_\_

LET IT BE KNOWN THAT THIS APPLICATION WILL BE CONSIDERED \_\_\_\_\_

AT THE TOWN OF MOUNTAIN BOARD MEETING THAT STARTS AT 7PM IN THE TOWN OFFICE.  
WISCONSIN STATUTES 174.053.

COMMENTS:

DISAPPROVED OR APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_.

\_\_\_\_\_  
TOWN OF MOUNTAIN, Clerk/Treasurer