

APPLICATION FOR DANGEROUS ANIMAL PERMIT
(Pursuant to Chapter II, Article 3, Section 2-308)

Please attach additional pages as necessary.

1. Applicant Name: _____
2. Address: _____

3. Phone Number: _____
4. Applicant's interest in the animal: _____

5. Proposed location of animal (if different than listed above): _____

6. If owner of proposed location is different than listed above, answer the following:
Property Owner's Name: _____
Property Address: _____

Property Owner's Phone Number: _____
7. Name of lessee at proposed location (if any): _____
8. Number of animals and description of each animal for which permit is sought:

9. Any information known to applicant concerning vicious or dangerous propensities of animal(s):

(continue on back)

10. Housing arrangements for animal(s) and details as to safety or structural locks, fencing, etc.:
(e.g., see Section 2-303)

11. Explain safety precautions proposed to be taken: (e.g., see Section 2-303)

12. Detail prior history of incidents involving the public health or safety involving the animal(s):

13. Provide proof of insurance to cover those who may be injured or killed by the animal(s) (please attach).

14. Provide two (2) color photographs of each animal clearly showing color and approximate size.

15. Additional requirements: As a part of this application, I understand that all permit requirements listed in Section 2-303 of the Code of the City of New Strawn (attached to this application) as well as all registration requirements must be completed and approved by a City animal control officer, and further that no permit will be issued unless the animal control officer finds that issuance of a permit is not contrary to the public health, safety and general welfare.

16. **STATEMENT OF INDEMNIFICATION: I, the above listed applicant, agree to indemnify, defend, save and hold the City of New Strawn, Kansas, its agents and employees harmless from any and all injuries, liabilities, claims, demands, actions, costs, damages and expenses arising from the animal(s) listed in this application.**

Indemnification Agreement Signature: _____

Signature of Applicant: _____

Date: _____