



APPLICATION FOR CHICKEN LICENSE

Covering the period of January 1, 20__ through December 31, 20__

PLEASE TYPE OR PRINT. Complete the entire application. You may attach supporting documents if needed, but you must still complete all questions; or your application will be deemed incomplete and may not be processed.

Name of Applicant: _____	
Address: _____	
City, State & Zip: _____	
Home Phone: _____	Business Phone: _____
THE FOLLOWING INFORMATION <u>MUST BE COMPLETED AND/OR ACCOMPANY</u> THE APPLICANT.	
1. Number of Hen Chickens _____	
2. Location of Coop/Enclosure _____	
3. Size of Coop _____	
4. Size of Enclosure _____	
5. Provide a scaled diagram that indicates the location of any coop or enclosure from adjoining structures and property lines.	
6. License fee: \$20.00 for a two (2) year license.	
Make check or money order payable to the City of Rochester and send to the Office of The City Clerk, Room 135, City of Rochester, 201 4 th Street SE, Rochester, MN 55904.	
<i>I hereby certify that the information provided herein is true and correct to the best of my knowledge and belief, and that the Common Council of the City of Rochester may rely on the accuracy of such information provided in determining whether or not a license should be issued.</i>	
Signature of Applicant _____ Date of application _____	

Please visit our website at www.rochestermn.gov for the Ordinance related to chickens

RIGHTS OF SUBJECTS OF GOVERNMENT DATA

LICENSE AND PERMIT DATA

“TENNESSEN WARNING”

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; Private information is that information which is available to you, not to the public; and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

PUBLIC – NAME AND ADDRESS OF APPLICANT(S) AT THE TIME OF APPLICATION

PRIVATE – SOCIAL SECURITY INFORMATION, BIRTH DATE INFORMATION

(MS 13.355 & 13.37(a))

The information collected and required from you is to determine your eligibility for a City of Rochester License or Permit. If you do not supply the required information, the City of Rochester will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the licensing program. Persons or agencies with whom this information may be shared include:

CITY, COUNTY, AND STATE PERSONNEL INVOLVED IN DETERMINING YOUR ELIGIBILITY, CONTRACTED PUBLIC AUDITORS, AND THOSE INDIVIDUALS TO WHOM YOU GIVE YOUR EXPRESS WRITTEN PERMISSION.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

**THE RIGHT TO SEE AND OBTAIN COPIES OF THE DATA MAINTAINED ON YOU.
THE RIGHT TO BE TOLD THE CONTENTS AND MEANING OF THE DATA.
THE RIGHT TO CONTEST THE ACCURACY AND COMPLETENESS OF THE DATA.**

To exercise these rights, contact the City Clerk’s Office, Room135, City Hall, Rochester, Mn. 55904

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

(Signature of Data Subject)

(Date)

White Copy - City Clerk's Office

Buff Copy - Applicant