

APPLICATION TO EXCEED TWO DOG LIMIT

APPLICANT INFORMATION

Name:	Address:
City, State, ZIP:	Phone:
Email:	
I hereby apply for approval to license multip residential district in the Town of Shelby pur	ole dogs over the age of three (3) months within a rsuant to Town of Shelby Ordinance 2.09.
Have you ever received a citation or been involved was the result of the behavior of your animal?	ved in an incident which required police intervention that YES/NO (Circle One)
If yes, please explain:	
Please list the names, ages, and breeds of all dogs:	
Signed:	Date:
Please enclose \$10.00 for the ar	oplication fee and submit your application to:
Town of Shelby	
2800 Ward Avenue	
La Crosse, WI 54601	
*Incomplete Applications will not be reviewed for approval.	
OFFICE USE ONLY	
Application Received Date:	Fee Received Date:
Your application was APPROVED/DENIED at a 1	Town Board Meeting on
Fortune M. Berg, Town of Shelby Clerk	