TOWN OF SHELBY

County of La Crosse *State of Wisconsin*

2800 Ward Ave
La Crosse, WI 54601
Phone: (608)788-1032
Email: info@townofshelby.com

APPLICATION TO EXCEED 2-DOG LIMIT 2020 Date: _____

Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

I (We) hereby apply for approval to license a third dog over the age of three (3) months within a residential district in the town of Shelby pursuant to Town of Shelby Ordinance 2.09 Section II D.
Limit of Dogs.

Please check a box: NEW APPLICATION: _____ RENEWAL: _____

Please present evidence that a third dog will not interfere with the safety, health and general welfare of the community:

Dog Names: 1._____ 2._____ 3._____

_____

_____

_____

_____

_____

Please enclose $5.00 application fee and submit your application to:
Town of Shelby
2800 Ward Ave
La Crosse, WI 54601

_____

Your application is hereby _____ approved _____ denied.

Dated this _____ day of _____, ____

_____
Fortune M. Weaver, Town Clerk