



CHICKEN APPLICATION RENEWAL

NAME:

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

By signing below, I acknowledge that I must follow all regulations outlined in Ordinance #444 of the City of New Richmond's Municipal Code. If I do not comply with all requirements, I understand this will be grounds for revocation of the Chicken Permit.

SIGNATURE

DATE

ANNUAL RENEWAL FEE: \$15.00

RECEIPT #

DATE: