

**APPLICATION TO KEEP FARM ANIMAL
CITY OF VILLISCA**

DATE _____
NAME _____
ADDRESS _____

FEE \$10
DATE PAID

LOCATION OF LIVESTOCK—LEGAL DESCRIPTION OF PROPERTY

TYPE AND NUMBER OF LIVESTOCK

INSPECTED BY (CITY OFFICIAL) _____

DATE INSPECTED _____

**VETERINARIAN LICENSED PURSUANT TO CODE OF IOWA
CHAPTER 169 PROVIDING THAT IS HIS OPINION LIVESTOCK
AND PREMISE ARE NOT IN VIOLATION OF CODE OF IOWA
CHAPTER 717.2** _____

**PERSONS REQUESTING PERMIT FOR THE FIRST TIME SHALL OBTAIN
SIGNATURES FROM ALL NEIGHBORS WITHIN 300 FEET OF SUCH PROPERTY.**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**VIOLATION OF ANY OF THE CONDITIONS ARE CAUSE FOR THIS PERMIT TO
BE REVIEWED OR REVOLKED**

APPLICATION APPROVED _____ **DATE** _____