



**United States
Department of
Agriculture**

**Marketing and
Regulatory
Programs**

**Animal and
Plant Health
Inspection
Service**

Animal Care

EXPIRATION DATE: JUNE 14, 2021

STATE OF MINNESOTA

This is to certify that

CLASS C EXHIBITOR

is a licensed
under the

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

41-C-0019

Certificate No.

2793

Customer No.

Stephan Chubb

Deputy Administrator

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

No license may be issued unless a completed application has been received (7 U.S.C. 2132-2143), and the applicant is in compliance with the standards and regulations Section 2133.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

DO NOT USE THIS SPACE- OFFICIAL USE ONLY

APPLICATION FOR LICENSE
(TYPE OR PRINT)

X RENEWAL

SEND THE COMPLETED FORM TO:
USDA APHIS ANIMAL
CARE EASTERN
2150 Centre Ave.
Building B, Mailstop #3W11
Fort Collins, CO 80526-8117
(970) 494-7478

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0019 2793	14-Jun-2020	\$310	12 MAY 20

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS
State Of Minnesota
13000 Zoo Boulevard
Apple Valley, MN 55124

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)
Minnesota Zoological Gardens
13000 Zoo Boulevard
Apple Valley, MN 55124
County: Dakota TELEPHONE (952)491-9271

COUNTY: Dakota TELEPHONE (952) 431 - 9371

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE

6. DATE OF LAST BUSINESS YEAR

A - Dealer (Breeder) B - Dealer C - Exhibitor

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR
0	6	1 4	1	9	0	6	1 4	2	0		

7. NATURE OF BUSINESS (Check item that describes nature of your business)

- A - Zoo B - Aquariums C - Auction
 D - Breeder E - Pets F - Roadside Zoo
 G - Circus H - Animal Acts I - Carnival
 J - Drive thru Zoo K - Pet Store L - Broker

8. TYPE OF ORGANIZATION

- Partnership Corporation Individual
 Other (Specify) _____

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS

10. DEALER ONLY

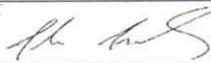
11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	DOGS	RABBITS	5
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	CATS	NONHUMAN PRIMATES	48
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	GUINEA PIGS	MARINE MAMMALS	6
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	HAMSTERS	WILD OR EXOTIC MAMMALS (other)	445
	OTHER (i.e., farm animals) (List Species and No.) See below	TOTAL: 524	
		Farm Total = 107	

CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and certify to the best of my knowledge I am in compliance with all regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am over 18 years of age.

12. SIGNATURE



13. NAME AND TITLE (Type or Print)

Zoo Director/CEO

14. DATE

May 5, 2020