



Town of Tropic
20 North Main
Tropic UT 84776
Telephone: 435-679-8713
Fax: 435-679-8505

**Tropic Town
Dog License Application**

Application Date: _____

Applicant's Name: _____ Phone: _____

Physical Address: _____ Zip Code: _____

Mailing Address: _____ Zip Code: _____

Dog(s) Description

#1 - Breed: _____ Dog Name: _____

Male _____ Color _____ Female: _____ Color: _____

#2 - Breed: _____ Dog Name: _____

Male _____ Color _____ Female: _____ Color: _____

#3 - Breed: _____ Dog Name: _____

Male _____ Color _____ Female: _____ Color: _____

Fee(s):

Non-Spayed/Neutered * \$35 Spayed/Neutered * \$10

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE, AND THAT FALSE INFORMATION OR MISREPRESENTATION WILL VOID THIS APPLICATION AND/OR DISQUALIFY ME FOR A KENNEL PERMIT. I AGREE TO ABIDE BY ALL TROPIC TOWN, GARFIELD COUNTY AND UTAH STATE LAWS, STATUTES, REGULATIONS AND ORDINANCES.

Signature: _____ Date: _____

Office Use:

Date Received: _____ License Number(s): _____ Payment: _____

Authorized Signature: _____ Date: _____