

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY  
SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0015 CUST: 2796	23-JUN-2007	\$155	23 JUN 2007

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Walton & Sons, Inc.

8140 20th Ave.  
Lino Lakes, MN 55038

Telephone: (651)426-8163

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

8140 20th Ave.  
Lino Lakes, MN 55038  
County: Anoka

Telephone: (651)426-8163

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM

TO

01-JAN-2006

31-DEC-2006

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block.  
(Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED  
(SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	2	NONHUMAN PRIMATES	0	RODENTS (Do not include lab rats or mice)	0
CATS	0	MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	0
GUINEA PIGS	0	FARM ANIMALS	0	BEARS	
HAMSTERS	0	WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS	10	WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	

*Handwritten notes in Block 9:*  
Pigs 3  
Goats 10  
Calves 7  
Sheep 4

NOT A FOIA DELETION

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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

JUN 07 2010

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0019 2793	14-Jun-2010	\$235.00	07 June 10 Vmc

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
STATE OF MINNESOTA Minnesota Zoological  
13000 Zoo Boulevard Garden  
Apple Valley, MN 55124

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
Minnesota Zoological Garden  
13000 Zoo Boulevard  
Apple Valley, MN 55124  
County: DAKOTA TELEPHONE 952-431-9371

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

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

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR
0	7	0 1	0	6	3	0	3	0	1	0	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  K - Pet Store  L - Broker  
Zoo

8. TYPE OF ORGANIZATION

Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	Minnesota Zoological Garden 13000 Zoo Boulevard Apple Valley MN 55124

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR  
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR  
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS  
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS	0	RABBITS	11
CATS	0	NONHUMAN PRIMATES	50
GUINEA PIGS	1	MARINE MAMMALS	10
HAMSTERS	0	WILD OR EXOTIC MAMMALS	308
OTHER (i.e., farm animals) (List Species and No.) Farm	122 (see below)	TOTAL:	497

NOT A FOIA DELETION

## CERTIFICATION

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12. SIGNATURE

(b)(6)

13. NAME AND TITLE (Type or Print)

Lee Ehmke Director/CEO

14. DATE

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:

Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0019 2793	14-Jun-2009	235.00	08 June 09 ADW

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

STATE OF MINNESOTA  
13000 Zoo Boulevard  
Apple Valley, MN 55124

COUNTY: DAKOTA TELEPHONE (952) - 431 - 9371

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)

13000 Zoo Boulevard  
Apple Valley, MN 55124  
County: DAKOTA

TELEPHONE ( )

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

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

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	7	0 1 0 8	0	6	3 0 0 9						

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
(b)(6)	Minnesota Zoological Garden 13000 Zoo Boulevard Apple Valley MN 55124

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS	1	RABBITS	6
CATS	0	NONHUMAN PRIMATES	39
GUINEA PIGS	1	MARINE MAMMALS	13
HAMSTERS	0	WILD OR EXOTIC MAMMALS	230
OTHER (i.e., farm animals) (List Species and No.)	Farm 104 (see below)	TOTAL:	394

NOT A FOIA DELETION CERTIFICATION

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12. SIGNATURE

(b)(6)

13. NAME AND TITLE (Type or Print)

Lee Ehmke, Director/CEO

14. DATE

4 Jun 09

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

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SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0019 CUST: 2793	14-JUN-2008	\$25	10 Jun 2008

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

State Of Minnesota  
  
13000 Zoo Boulevard  
Apple Valley, MN 55124

Telephone: (952)431-9371

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

13000 Zoo Boulevard  
Apple Valley, MN 55124  
County: Dakota

Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

-

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JUL-2007	30-JUN-2008

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	1	NONHUMAN PRIMATES	38	RODENTS (Do not include lab rats or mice)	65
CATS	0	MARINE ANIMALS	8	WILD/EXOTIC HOOFSTOCK	98
GUINEA PIGS	1	FARM ANIMALS	117	BEARS	4
HAMSTERS	0	WILD/EXOTIC CANINES	13	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	77
RABBITS	11	WILD/EXOTIC FELINES	24	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	457

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**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0019 CUST: 2793	14-JUN-2007	\$30	12 Jun 07

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

State Of Minnesota

13000 Zoo Boulevard  
Apple Valley, MN 55124

Telephone: (952)431-9371

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

13000 Zoo Boulevard  
Apple Valley, MN 55124  
County: Dakota

Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

--

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM

TO

01-JUL-2006

30-JUN-2007

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership

Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS	1	NONHUMAN PRIMATES	40	RODENTS (Do not include lab rats or mice)	108
CATS	0	MARINE ANIMALS	4	WILD/EXOTIC HOOFSTOCK	92
GUINEA PIGS	1	FARM ANIMALS	101	BEARS	5
HAMSTERS	0	WILD/EXOTIC CANINES <sup>14</sup>		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	106
RABBITS	13	WILD/EXOTIC FELINES <sup>23</sup>		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	508

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**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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

12. SOCIAL SECURITY OR TAX

13. DATE

Use appropriate, including the use of reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

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

**APPLICATION FOR LICENSE**  
(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO 41-C-0027 2794	RENEWAL DATE 12-Jan-2010	FEES	
		AMOUNT 235. <sup>00</sup>	DATE RECEIVED 12/10/10 MD

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
CITY OF LITTLE FALLS  
P.O. Box 244  
Little Falls, MN 56345  
  
COUNTY: MORRISON TELEPHONE (320) - 616 - 5595

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
1200 W. Broadway  
Little Falls, MN 56345  
County: MORRISON TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR
0	1	0 9	1	2	3	1	0	9			

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	SAME #1

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR  
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR  
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS  
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS	0	RABBITS	1
CATS	0	NONHUMAN PRIMATES	0
GUINEA PIGS	0	MARINE MAMMALS	0
HAMSTERS	0	WILD OR EXOTIC MAMMALS	55
OTHER (i.e., farm animals) (List Species and No.)		TOTAL:	56

NOT A FOIA DELETION CERTIFICATION

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12. SIGNATURE (b)(6) 13. NAME AND TITLE (Type or Print) 14. DATE 1/7/10

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0027	12-JAN-2009	\$185.00	27 JAN 09
CUST: 2794			Vmc

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

City Of Little Falls

P.O. Box 244  
Little Falls, MN 56345

Telephone: (320) 616-5595 ✓

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

1200 W. Broadway  
Little Falls, MN 56345  
County: Morrison

Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

---

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2008	31-DEC-2008

**7. TYPE OF ORGANIZATION**

Individual     Corporation     Partnership

Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

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CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

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B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

	DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
	0		0		18	
	CATS	0	MARINE ANIMALS	0	WILD/EXOTIC HOOFSTOCK	9
	GUINEA PIGS	0	FARM ANIMALS	0	BEARS	5
	HAMSTERS	0	WILD/EXOTIC CANINES	2	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	EMU-2 TURKEYS-7
	RABBITS	2	WILD/EXOTIC FELINES	7	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	52 (43)

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

SEND THE COMPLETED FORM TO 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0027 CUST: 2794	12-JAN-2008	235. <sup>00</sup>	15 JANUARY

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

City Of Little Falls  
P.O. Box 244  
Little Falls, MN 56345

Telephone: (320)632-2341

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

1200 W. Broadway  
Little Falls, MN 56345  
County: Morrison

Telephone:

320-616-5595

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

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(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2007	31-DEC-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)	DOGS	0	NONHUMAN PRIMATES	0	RODENTS (Do not include lab rats or mice)	18
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	0	MARINE ANIMALS	0	WILD/EXOTIC HOOFSTOCK	12
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	0	FARM ANIMALS	0	BEARS	2
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	0	WILD/EXOTIC CANINES	2	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	EMU = 2 TURKEYS = 8
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	2	WILD/EXOTIC FELINES	7	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	53

NOT A FOIA DELETION

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 the regulations and standards in 9 CFR, Subpart

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES
CERT: 41-C-0027 CUST: 2794	12-JAN-2007	DATE RECEIVED 16 Jan 07

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

City Of Little Falls  
Pine Grove Park Municipal Zoo  
P.O. Box 244  
Little Falls, MN 56345

Telephone: (320) ~~632-2341~~ 616-5595

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

1200 W. Broadway  
Little Falls, MN 56345  
County: Morrison  
Telephone: 616-5595  
(320)

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2005 2006	31-DEC-2005 2006

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify)

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	0	NONHUMAN PRIMATES	0	RODENTS (Do not include lab rats or mice)	17
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	0	MARINE ANIMALS	0	WILD/EXOTIC HOOFSTOCK	12
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	0	FARM ANIMALS	0	BEARS	2
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	0	WILD/EXOTIC CANINES	2	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	EMU-2 TURKEYS-8
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	2	WILD/EXOTIC FELINES	7	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	52

NOT A FOIA DELETION

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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

JUN 25 2010

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

JUN 23 2010

LICENSE NO./CUST NO 41-C-0029 1876	RENEWAL DATE 20-Jun-2010	FEES	
		AMOUNT \$235.00	DATE RECEIVED 25 June 10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
CAARA & ROGER HOLMSTROM  
3857 Animal Land Drive S.E.  
Bemidji, MN 56601

COUNTY: BELTRAMI TELEPHONE (218) - 759 - 1533

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
3857 Animal Land Drive S.E.  
Bemidji, MN 56601  
County: BELTRAMI TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE

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

6. DATE OF LAST BUSINESS YEAR

FROM					TO						
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR			
0	6	2	0	0	9	0	6	2	0	1	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
Caara Holmstrom Roger Holmstrom } owners	Same as above 3857 Animal Land Dr SE Bemidji MN 56601

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS	0	RABBITS	1
CATS	0	NONHUMAN PRIMATES	5
GUINEA PIGS	2	MARINE MAMMALS	0
HAMSTERS	5	WILD OR EXOTIC MAMMALS	80
OTHER (i.e., farm animals) (List Species and No.) 3 goats		TOTAL:	96

NOT A FOIA DELETION 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. SIGNA (b)(6)

13. NAME AND TITLE (Type or Print)  
Caara Holmstrom - Owner

14. DATE

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:

Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0029 1876	20-Jun-2009	AMOUNT 235.00	DATE RECEIVED 22 JUNE 2009

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
CAARA & ROGER HOLMSTROM  
3857 Animal Land Drive S.E.  
Bemidji, MN 56601

COUNTY: BELTRAMI TELEPHONE (218) - 759 - 1533

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
3857 Animal Land Drive S.E.  
Bemidji, MN 56601  
County: BELTRAMI TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

X

PREVIOUS LICENSE NO.:

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

X

5. TYPE OF LICENSE

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

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	6	2 0 0 8	0	6	2 0 0 9						

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
Caara Holmstrom Roger Holmstrom	3857 Animal Land Dr. SE Bemidji MN 56601

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS	0	RABBITS	3
CATS	0	NONHUMAN PRIMATES	5
GUINEA PIGS	2	MARINE MAMMALS	0
HAMSTERS	4	WILD OR EXOTIC MAMMALS	81
OTHER (i.e., farm animals) (List Species and No.) Pigs 1 Cattle 1		TOTAL:	97

NOT A FOIA DELETION 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. SIG (b)(6)

13. NAME AND TITLE (Type or Print) CAARA HOLMSTROM

14. DATE June 15, 2009

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

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0029 CUST: 1876	20-JUN-2008	\$235	21 July 08

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Caara & Roger Holmstrom  
  
3857 Animal Land Drive S.E.  
Bemidji, MN 56601  
  
Telephone: (218)759-1533

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

3857 Animal Land Drive S.E.  
Bemidji, MN 56601  
County: Beltrami  
  
Telephone: (218)759-1533

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

*Caara Holmstrom*  
*Roger Holmstrom*

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
20-JUN-2007	20-JUN-2008

**7. TYPE OF ORGANIZATION**

Individual     Corporation     Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	0	6	0
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	0	3	40
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	0	0	14
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	3	12	80

NOT A FOIA DELETION

**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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0029	20-JUN-2007	\$235	20 JUN 07
CUST: 1876			

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Caara & Roger Holmstrom

3857 Animal Land Drive S.E.  
Bemidji, MN 56601

Telephone: (218)759-1533

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

3857 Animal Land Drive S.E.  
Bemidji, MN 56601  
County: Beltrami

Telephone: (218)759-1533

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

Caara Holmstrom  
Roger Holmstrom

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

---

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

---

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM

TO

20-JUN-2006

20-JUN-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership

Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS		NONHUMAN PRIMATES	6	RODENTS (Do not include lab rats or mice)	3
CATS	0	MARINE ANIMALS	0	WILD/EXOTIC HOOFSTOCK	40
GUINEA PIGS	4	FARM ANIMALS	2	BEARS	2
HAMSTERS	2	WILD/EXOTIC CANINES	0	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	14
RABBITS	2	WILD/EXOTIC FELINES	13	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	89

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0029 CUST: 1876	20-JUN-2006	\$235	07 June 06 TB

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Caara & Roger Holmstrom  
Paul Bunyan'S Animal Land  
3857 Animal Land Drive S.E.  
Bemidji, MN 56601

Telephone: (218)759-1533

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

3857 Animal Land Drive S.E.  
Bemidji, MN 56601  
County: Beltrami  
Telephone: (218)759-1533

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

Caara Holmstrom  
Roger Holmstrom

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

---

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

---

**5. TYPE OF LICENSE**

Class A - Breeder     Class B - Dealer     Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
20-JUN-2005	20-JUN-2006

**7. TYPE OF ORGANIZATION**

Individual     Corporation     Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS	0	NONHUMAN PRIMATES	8	RODENTS (Do not include lab rats or mice)	3
CATS	0	MARINE ANIMALS	0	WILD/EXOTIC HOOFSTOCK	28
GUINEA PIGS	2	FARM ANIMALS	2	BEARS	2
HAMSTERS	2	WILD/EXOTIC CANINES	0	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	14
RABBITS	2	WILD/EXOTIC FELINES	14	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	77

**NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

Maintaining the date needed, and completing and reviewing the collection of information.

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)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0034	9-Nov-2009	AMOUNT	DATE RECEIVED
2795		\$40.00	19 Oct 09 Vme

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
CITY OF WADENA  
P.O. Box 30  
Wadena, MN 56482  
  
COUNTY: WADENA TELEPHONE () - - 1-218-631-7705 ✓

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
710 Sunnybrook Rd  
Wadena, MN 56482  
County: WADENA  
  
TELEPHONE (218) 631-7705 ✓

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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  K - Pet Store  L - Broker  
Zoo

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
1	1	0 1 0 8	1	1	0 1 0 9						

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) GOVERNMENT

### 9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	222 2 <sup>nd</sup> ST. SE P.O. Box 30 WADENA, MN. 56482

### 10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	5
OTHER (i.e., farm animals) (List Species and No.)		TOTAL:	5

### 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 (b)(6)

14. DATE 10/09/09

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0034 CUST: 2795	09-NOV-2008	\$85.00 100	03 NOV 08 Umc

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

City Of Wadena

P.O.Box 30  
Wadena, MN 56482

Telephone: (218)631-7705

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

710 Sunnybrook Rd  
Wadena, MN 56482  
County: Wadena

Telephone: (218)631-~~7705~~ 7705

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

41-C-0034

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-NOV-2007	01-NOV-2008

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) Government

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK <u>BUFFALO</u>	5
GUINEA PIGS		FARM ANIMALS		BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	1
RABBITS		WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	

NOT A FOIA DELETION

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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0034 CUST: 2795	09-NOV-2007	ABS	1/10/07

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

City Of Wadena  
  
P.O.Box 30  
Wadena, MN 56482

Telephone: (218)631-7705

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

710 Sunnybrook Rd  
Wadena, MN 56482  
County: Wadena

Telephone: (218)631-~~4873~~ 7705

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

41-C-0034

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-NOV-2006	01-NOV-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership

Other (Specify)

City Government

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK 6/11/10
		5
GUINEA PIGS	FARM ANIMALS	BEARS
HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
		4
RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

NOT A FOIA DELETION

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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0049 2785	7-Oct-2009	AMOUNT	DATE RECEIVED
		85	21 SEPT 09 AM

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
CITY OF REDWOOD FALLS  
Ramsey Park Zoo  
Alexander Ramsey Park  
Redwood Falls, MN 56283

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
Alexander Ramsey Park  
Redwood Falls, MN 56283  
County: REDWOOD  
TELEPHONE (507) 430-3273

COUNTY: REDWOOD TELEPHONE () - -

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 8	1	2	3 1 0 8						

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) 200 - (City)

### 9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS

### 10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR  
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR  
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS  
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS	RABBITS
CATS	NONHUMAN PRIMATES
GUINEA PIGS	MARINE MAMMALS
HAMSTERS	WILD OR EXOTIC MAMMALS
OTHER (i.e., farm animals) (List Species and No.)	TOTAL: 11
4 pigmy goats	15

NOT A FOIA DELETION

### 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 (b)(6) 13. NAME AND TITLE (Type or Print) 14. DATE 9-2-09

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 325 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0049 CUST: 2785	07-OCT-2008		

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

City Of Redwood Falls

P.O. Box 10 333 S Washington St  
Redwood Falls, MN 56283

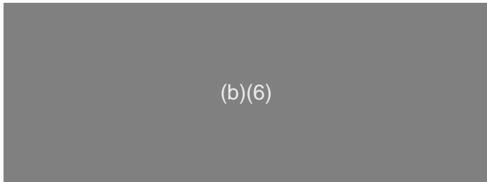
Telephone: (507)637-5755

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

Alexander Ramsey Park  
Redwood Falls, MN 56283  
County: Redwood

Telephone: 507-430-3223

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**



**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

41-C-0049

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2007	31-DEC-2007

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.8)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	11
GUINEA PIGS		FARM ANIMALS	5	BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	4 prairie dogs
RABBITS		WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	21

NOT A FOIA DELETION

**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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0049	07-OCT-2007	\$85	11 OCT 07 RSM
CUST: 2785			

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Redwood Falls, City O

P.O. Box 10 333 S Washington S  
Redwood Falls, MN 56283

Telephone: (507)637-5755

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

Alexander Ramsey Park  
Redwood Falls, MN 56283  
County: Redwood

Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

(b)(6)

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

41-C-0049

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2006	31-DEC-2006

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership  
 Other (Specify) City Zoo

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK 14
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS 5	BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9) 25

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart



United States  
Department of  
Agriculture

Marketing and  
Regulatory  
Programs

Animal and  
Plant Health  
Inspection  
Service

Animal Care

EXPIRATION DATE: OCTOBER 7, 2008

This is to certify that CITY OF REDWOOD FALLS

is a licensed CLASS C EXHIBITOR  
under the

### Animal Welfare Act

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

Certificate No. 41-C-0049

Customer No. 2785

Deputy Administrator

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
CERT: 41-C-0049 CUST: 2785	07-OCT-2006	AMOUNT \$85	DATE RECEIVED 225000 TB

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Redwood Falls, City Of  
Ramsey Park Zoo  
P.O. Box 10 333 S Washington St  
Redwood Falls, MN 56283

Telephone: (507)637-5755

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

Alexander Ramsey Park  
Redwood Falls, MN 56283  
County: Redwood  
Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

(b)(6)

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

41-C-0049

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2005	31-DEC-2005

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership  
 Other (Specify) City of Redwood Falls

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK <b>16</b>
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS <b>4</b>	BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9) <b>20</b>

**NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0049 CUST: 2785	07-OCT-2005	85	27 Sept

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Redwood Falls, City Of  
Ramsey Park Zoo  
P.O. Box 10 333 S Washington St  
Redwood Falls, MN 56283

Telephone: (507)637-5755

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

Alexander Ramsey Park  
Redwood Falls, MN 56283  
County: Redwood  
Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

(b)(6)

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

41-C-0049

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

41-C-0049

**5. TYPE OF LICENSE**

Class A - Breeder     Class B - Dealer     Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2004	31-DEC-2004

**7. TYPE OF ORGANIZATION**

Individual     Corporation     Partnership

Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)	WILD/EXOTIC HOOFSTOCK
			17
CATS	MARINE ANIMALS	BEARS	
GUINEA PIGS	FARM ANIMALS	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
HAMSTERS	WILD/EXOTIC CANINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	17
RABBITS	WILD/EXOTIC FELINES		

NOT A FOIA DELETION    **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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0052 2786	31-Jan-2010	AMOUNT	DATE RECEIVED
		\$40.00	15 DEC 09

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Thomas A. Dokken  
4186 W. 85th Street  
Northfield, MN 55057

COUNTY: RICE TELEPHONE (507) - 744 - 2616

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
Oak Ridge Kennels  
4186 W 85th St  
Northfield, MN 55057  
County: RICE TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE

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

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0	1	2	0						
		1 1 0			1 2 3 1 1 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
Tom Dokken, owner 4186 W 85th St Northfield, MN 55057	

### 10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS	3	RABBITS	0
CATS	0	NONHUMAN PRIMATES	0
GUINEA PIGS	0	MARINE MAMMALS	0
HAMSTERS	0	WILD OR EXOTIC MAMMALS	0
OTHER (i.e., farm animals) (List Species and No.)	TOTAL: 3		

### NOT A FOIA DELETION 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 1, 2, and 3. I certify that I am over 18 years of age.

12. SIGNATURE (b)(6)	13. NAME AND TITLE (Type or Print) Tom Dokken	14. DATE 12-8-09
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**U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0052 CUST: 2786	31-JAN-2009	\$40.00	16 Dec 08 Vme

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Thomas A Dokken  
  
4186 W. 85th Street  
Northfield, MN 55057

Telephone: (507)744-2616

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

Oak Ridge Kennels  
4186 W 85th St  
Northfield, MN 55057  
County: Rice

Telephone: (507) 744-2616

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

Thomas A. Dokken

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

--

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder     Class B - Dealer     Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2009	31-DEC-2009

**7. TYPE OF ORGANIZATION**

Individual     Corporation     Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS	4	NONHUMAN PRIMATES	Ø	RODENTS (Do not include lab rats or mice)	Ø
CATS	Ø	MARINE ANIMALS	Ø	WILD/EXOTIC HOOFSTOCK	Ø
GUINEA PIGS	Ø	FARM ANIMALS	Ø	BEARS	Ø
HAMSTERS	Ø	WILD/EXOTIC CANINES	Ø	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	Ø
RABBITS	Ø	WILD/EXOTIC FELINES	Ø	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	4

**NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEE
CERT: 41-C-0052 CUST: 2786	31-JAN-2008	AMOUNT: \$510 DATE RECEIVED: 02-JAN-08

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Thomas A ~~Dokker~~ **Dokken**

4186 W. 85th Street  
Northfield, MN 55057

Telephone: (507)744-2616

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

Oak Ridge Kennels  
4186 W 85th St  
Northfield, MN 55057  
County: Rice

Telephone: **507 744-2616**

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

—

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**41-C-0052**

**5. TYPE OF LICENSE**

Class A - Breeder     Class B - Dealer     Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2008	31-DEC-2008

**7. TYPE OF ORGANIZATION**

Individual     Corporation     Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS	5	NONHUMAN PRIMATES	∅	RODENTS (Do not include lab rats or mice)	∅
CATS	∅	MARINE ANIMALS	∅	WILD/EXOTIC HOOFSTOCK	∅
GUINEA PIGS	∅	FARM ANIMALS	∅	BEARS	∅
HAMSTERS	∅	WILD/EXOTIC CANINES	∅	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	∅
RABBITS	∅	WILD/EXOTIC FELINES	∅	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	5

NOT A FOIA DELETION

**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 the regulations and standards in 9 CFR, Subpart

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)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

RECEIVED  
AUG 31 2009  
BY: \_\_\_\_\_

LICENSE NO./CUST NO 41-C-0053 2787	RENEWAL DATE 6-Sep-2009	FEES	
		AMOUNT \$ 235.00	DATE RECEIVED 14 Sept 09 (M)

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
DULUTH, CITY OF  
7210 Fremont St.  
Duluth, MN 55807  
  
730-4500 ✓  
COUNTY: ST LOUIS TELEPHONE (218) - 723-3748

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
7210 Fremont St.  
Duluth, MN 55807  
County: ST LOUIS  
  
TELEPHONE (218) 730-4500 ✓

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.: 41-C-0053

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 1 0 7	0	1	0 1 0 8						

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

### 9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6) Partners of Rec - City of Duluth	Lake Superior Zoo 7210 Fremont St. Duluth, mn 55807 ✓

### 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	[REDACTED]
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	

DOGS	0	RABBITS	2
CATS	1	NONHUMAN PRIMATES	10
GUINEA PIGS	2	MARINE MAMMALS	3
HAMSTERS	0	WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	9 goats, donkey, 9 sheep, 12 pigs	TOTAL:	97

### NOT A FOIA DELETION 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  
[REDACTED] (b)(6)

14. DATE  
8/27/09

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

SEND THE COMPLETED FORM TO: 325 Main Campus Drive Suite 200, Oak 3040 Raleigh, NC 27606 Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0053 CUST: 2787	06-SEP-2008	\$235	08 SEP 2008

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS  
 Duluth, City Of  
 7210 Fremont St.  
 Duluth, MN 55807  
 Telephone: (218)723-3748

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)  
 7210 Fremont St.  
 Duluth, MN 55807  
 County: St Louis  
 Telephone: (218)723-3748

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)  
 --  
 (B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:  
 5. TYPE OF LICENSE  
 Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2006	01-JAN-2007

7. TYPE OF ORGANIZATION  
 Individual  Corporation  Partnership  
 Other (Specify)

**DEALERS ONLY.** Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
 CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.0)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	0	NONHUMAN PRIMATES	12	RODENTS (Do not include lab rats or mice)	2
CATS	1	MARINE ANIMALS	3	WILD/EXOTIC HOOFSTOCK	10
GUINEA PIGS	2	FARM ANIMALS	8	BEARS	2
HAMSTERS	0	WILD/EXOTIC CANINES	2	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	89
RABBITS	2	WILD/EXOTIC FELINES	10	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	135

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0053 CUST: 2787	06-SEP-2007		

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Duluth, City Of  
7210 Fremont St.  
Duluth, MN 55807

**RECEIVED**  
AUG 21 2007  
BY: \_\_\_\_\_

Telephone: (218)723-3748

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable) **\$235 2/11/07 TT**

7210 Fremont St.  
Duluth, MN 55807  
County: St Louis  
  
Telephone: (218)723-3748

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2005	01-JAN-2006

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) Municipal 200

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.8)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)	WILD/EXOTIC HOOFSTOCK
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	0	13	36	10
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	1	43	2	2
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	2	9	92	2
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	0	2	92	2
	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
	0	2	92	
	RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	
	3	12	185	

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27608  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0053 CUST: 2787	06-SEP-2006	\$235. <sup>00</sup>	10-Oct-06

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Duluth, City Of  
Lake Superior Zoo  
7210 Fremont St.  
Duluth, MN 55807

Telephone: (218)723-3748

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

7210 Fremont St.  
Duluth, MN 55807  
County: St Louis  
Telephone: (218)723-3748

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2004	01-JAN-2005

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) MUNICIPAL ZOO

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	0	NONHUMAN PRIMATES	13	RODENTS (Do not include lab rats or mice)	33
CATS	1	MARINE ANIMALS	4	WILD/EXOTIC HOOFSTOCK	11
GUINEA PIGS	2	FARM ANIMALS	7	BEARS	2
HAMSTERS	0	WILD/EXOTIC CANINES	3	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	108
RABBITS	2	WILD/EXOTIC FELINES	13	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	

NOT A FOIA DELETION

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 the regulations and standards in 9 CFR

maintaining the date needed, and completing and reviewing the collection of information.

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)

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

FEB 12 2010

RENEWAL

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0054 2788	3-Mar-2010	AMOUNT \$235.00	DATE RECEIVED 12 FEB 10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
CITY OF ST PAUL  
1225 Eastabrook  
St Paul, MN 55103

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
1225 Eastabrook  
St Paul, MN 55103  
County: RAMSEY  
TELEPHONE 651487-8201

COUNTY: RAMSEY TELEPHONE (651) - 487 - 8201

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 1 0 9	1	2	3 1 0 9						

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) Municipal Zoo

### 9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	1225 Estabrook Drive St. Paul, MN 55103

### 10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	(b)(6)
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS	0	RABBITS	2
CATS	0	NONHUMAN PRIMATES	34
GUINEA PIGS	0	MARINE MAMMALS	6
HAMSTERS	0	WILD OR EXOTIC MAMMALS	63
OTHER (i.e., farm animals) (List Species and No.)		TOTAL:	105

### NOT A FOIA DELETION 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.

14. DATE  
2/6/2010

(b)(6)

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

FEB 23 2009

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0054 CUST: 2788	03-MAR-2009	\$ 235 <sup>00</sup>	23 Feb 09 VMC

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

City Of St Pau  
  
1225 Eastabrook  
St Paul, MN 55103

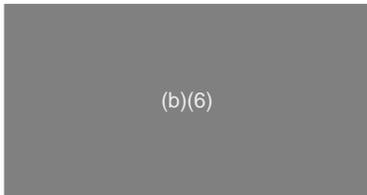
Telephone: (651)487-8201

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

1225 Eastabrook  
St Paul, MN 55103  
County: Ramsey

Telephone: (651) 487-8208

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**



(b)(6)

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

--

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2008	31-DEC-2008

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership  
 Other (Specify) MUNICIPAL ZOO

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	

DOGS	0	NONHUMAN PRIMATES	36	RODENTS (Do not include lab rats or mice)	3
CATS	0	MARINE ANIMALS	8	WILD/EXOTIC HOOFSTOCK	20
GUINEA PIGS	0	FARM ANIMALS	0	BEARS	0
HAMSTERS	0	WILD/EXOTIC CANINES	4	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	30
RABBITS	2	WILD/EXOTIC FELINES	11	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	114

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0064 2784	12-Dec-2009	40	8 DEC 2009

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Vernon J. Pickett  
P.O. Box 833  
Eyota, MN 55934

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
18 W. 5th St.  
Eyota, MN 55934  
County: OLMSTED  
TELEPHONE ( )

COUNTY: OLMSTED TELEPHONE (507) - 545 - 2040

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

6. DATE OF LAST BUSINESS YEAR

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

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 1 0 8	1	2 3	1 0 8						

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Vernon J. Pickett	Same as 1

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR  
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR  
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS  
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	3
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)		TOTAL:	3

NOT A FOIA DELETION 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. (b)(6)  
13. NAME AND TITLE (Type or Print)  
Vernon J. Pickett - owner  
14. DATE  
11/23/09

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 525 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0064 CUST: 2784	12-DEC-2008	\$40.00	07 Nov 08 Umc

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Vernon Pickett  
P.O. Box 833  
Eyota, MN 55934

Telephone: (507)545-2040

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

18 W. 5th St.  
Eyota, MN 55934  
County: Olmsted

Telephone: (507)545-2040 or (507) 250-4441

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

Vernon Pickett

(b)(6)

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

--

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2007	31-DEC-2007

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS		NONHUMAN PRIMATES	3	RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS		BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS		WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	

**NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0064 CUST: 2784	12-DEC-2007	1340. <sup>00</sup>	JEN Nov 07

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Vernon Pickett  
  
P.O. Box 833  
Eyota, MN 55934  
  
Telephone: (507)545-2040

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

18 W. 5th St.  
Eyota, MN 55934  
County: Olmsted  
  
Telephone: (507)545-2040  
*or*  
*(507) 250-4441*

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

*Vernon Pickett*

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2007	31-DEC-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	3	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS		BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	AMOUNT	FEES	DATE RECEIVED
CERT: 41-C-0064 CUST: 2784	12-DEC-2006	\$40		04 Dec 06

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Vernon Pickett  
Pickett'S Circus  
P.O. Box 833  
Eyota, MN 55934

Telephone: (507)545-2040

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

Pickett's Circus  
18 W. 5th St.  
Eyota, MN 55934  
County: Olmsted  
Telephone: (507)545-2040 or  
507 250 4141

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

Vernon Pickett

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2005	31-DEC-2005

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS		NONHUMAN PRIMATES	3	RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS		BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS		WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	3

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO 41-C-0075 2779	RENEWAL DATE 25-May-2010	FEES	
		AMOUNT \$55.00	DATE RECEIVED 10 MAY 10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Lauren Weckman  
William H. Weckman  
5797 North Shore Drive  
Duluth, MN 55804

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
5797 North Shore Drive  
Duluth, MN 55804  
County: ST LOUIS

TELEPHONE 218 525-4120

COUNTY: ST LOUIS TELEPHONE (218) - 525 - 4120

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

N/A

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

N/A

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE

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

6. DATE OF LAST BUSINESS YEAR

FROM

TO

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

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
0	5	2 5 0 9	0	5	2 5 1 0

8. TYPE OF ORGANIZATION

Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
LAUREN WECKMAN - OWNER WILLIAM H. WECKMAN - OWNER	5797 NORTH SHORE DR, DULUTH, MN 55804

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR  
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR  
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS  
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	OVER 2	TOTAL:	8

NOT A FOIA DELETION 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

(b)(6)

13. NAME AND TITLE (Type or Print)

LAUREN WECKMAN

14. DATE

maintaining the data needed, and completing and reviewing the collection of information

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

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0075 2779	25-May-2009	AMOUNT \$85.00	DATE RECEIVED 23 APR 09 VMG

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
 Lauren Weckman  
 William H. Weckman  
 5797 N. Shore Drive  
 Duluth, MN 55804

COUNTY: ST LOUIS TELEPHONE (218) - 525 - 4120

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
 5797 N. Shore Drive  
 Duluth, MN 55804  
 County: ST LOUIS

TELEPHONE (218) 525-4120 ✓

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)    B - Dealer    C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	5	2 5 0 8	0	5	2 5 0 9						

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
ABOVE	

### 10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	HAMMAS 4 GOATS 4		

### NOT A FOIA DELETION 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.

13. NAME AND TITLE (Type or Print) **OWNER**  
 WILLIAM H. WECKMAN

14. DATE  
 4-20-09

(b)(6)

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0075 CUST: 2779	25-MAY-2008	\$115	2/21/08

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

William & Lauren Weckman

5797 N. Shore Drive  
Duluth, MN 55804

Telephone: (218)525-4120

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

5797 N. Shore Drive  
Duluth, MN 55804  
County: St Louis

Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
25-MAY-2007	25-MAY-2008

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS	BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

NOT A FOIA DELETION

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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
 USDA APHIS ANIMAL CARE  
 Eastern Region  
 920 Main Campus Drive  
 Suite 200  
 Raleigh, NC 27606-5210  
 (919) 855-7100

JUN 10 2010

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0077 2780	1-Jul-2010	\$85.00	06 June 10 Umc

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
 INTERNATIONAL WOLF CENTER  
 1396 Highway 169  
 Ely, MN 55731

COUNTY: ST LOUIS TELEPHONE (218) - 365 - 4695

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
 1396 Highway 169  
 Ely, MN 55731  
 County: ST LOUIS

TELEPHONE (218) 365-4695

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE

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

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

6. DATE OF LAST BUSINESS YEAR

FROM					TO		
MO	DAY	YEAR	MO	DAY	YEAR		
0	7	0 9	0	7	0 1	1	0

8. TYPE OF ORGANIZATION

Partnership    Corporation    Individual  
 Other (Specify) Educational Facility

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	International Wolf Center 1396 Hwy 169 Ely, MN 55731

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	6
OTHER (i.e., farm animals) (List Species and No.)		TOTAL:	6

NOT A FOIA DELETION 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

12. SIGNATURE (b)(6)

14. DATE 6/4/10

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:

Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0077 2780	1-Jul-2009	AMOUNT 85.00	DATE RECEIVED 9/28/09 ADV

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
INTERNATIONAL WOLF CENTER  
1396 Highway 169  
Ely, MN 55731

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
1396 Highway 169  
Ely, MN 55731  
County: ST LOUIS  
TELEPHONE (218) 365-4695

COUNTY: ST LOUIS TELEPHONE (218) - 365 - 4695

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

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

6. DATE OF LAST BUSINESS YEAR

FROM TO

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
0	7	0 1 0 8	0	7	0 1 0 9

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  K - Pet Store  L - Broker  
Zoo

8. TYPE OF ORGANIZATION

Partnership  Corporation  Individual  
 Other (Specify) Non-profit Education

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	1396 Hwy 169 Ely, MN 55731

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
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	CATS	NONHUMAN PRIMATES
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	GUINEA PIGS	MARINE MAMMALS
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	HAMSTERS	WILD OR EXOTIC MAMMALS
	OTHER (i.e., farm animals) (List Species and No.)	TOTAL:

NOT A FOIA DELETION 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

12. (b)(6) DATE 6/4/09

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

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0077 CUST: 2780	01-JUL-2008	185	13 JUN 08

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

International Wolf Center

1396 Highway 169  
Ely, MN 55731

Telephone: (218)365-4695

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

1396 Highway 169  
Ely, MN 55731  
County: St Louis

Telephone: 218-365-4695 ext. 34

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN 1**

(b)(6)

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

--

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

41-C-0077

**5. TYPE OF LICENSE**

Class A - Breeder     Class B - Dealer     Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JUL-2007	01-JUL-2008

**7. TYPE OF ORGANIZATION**

Individual     Corporation     Partnership  
 Other (Specify) Non-profit Education

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS		BEARS	
HAMSTERS		WILD/EXOTIC CANINES	7	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS		WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	

**NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1.1, 2 and 3. I certify that I am 18 years of age or older.

(b)(6)

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

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0077 CUST: 2780	01-JUL-2007	\$5	2 JUL 2007

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

International Wolf Center

1396 Highway 169  
Ely, MN 55731

Telephone: (218)365-4695

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

1396 Highway 169  
Ely, MN 55731  
County: St Louis

Telephone: 218 - 365 - 4695 ext 34

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN T**

(b)(6)

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

--

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder     Class B - Dealer     Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JUL-2006	01-JUL-2007

**7. TYPE OF ORGANIZATION**

Individual     Corporation     Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block.**  
(Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

(b)(6)

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
GUINEA PIGE	FARM ANIMALS	BEARS
HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE) Wolves
RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

**NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

(b)(6)



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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0080 CUST: 2782	27-AUG-2008	\$65	27-Aug-08 TB

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Critters & Company Inc

1645 10th Street Se  
Buffalo, MN 55313

Telephone: (612)427-3442

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

1645 10th Street  
Buffalo, MN 55313  
County: Wright

Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-NOV-2007	31-DEC-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	1	NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	5
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS		BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	5
RABBITS	2	WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	8

NOT A FOIA DELETION

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 the regulations and standards in 9 CFR, Subpart A. Parts 1, 2, and 3. I certify that I am 18 years of age or older.

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL AUG 02 2007

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0080 CUST: 2782	27-AUG-2007	\$ 85	06 AUG 07 RBM

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Critters & Company, Inc

1645 10th Street S  
Buffalo, MN 55313

Telephone: (612)427-3442

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

1645 10th Street  
Buffalo, MN 55313  
County: Wright

Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-NOV-2006	31-DEC-2006

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	1	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS	BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE) 5
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS 3	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9) 9

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart

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 complete application has been received (U.S.C. 2132-2140), and the applicant is in compliance with the standards and regulations Section 2133.

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

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0104 6515	19-Feb-2010	AMOUNT \$1135.00	DATE RECEIVED 22 FEB 10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Kevin Vogel  
20616 460th Ave  
Sanborn, MN 56083  
COTON WOOD  
COUNTY: REDWOOD TELEPHONE (507) - 648 - 3251

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
20616 460th Ave  
Sanborn, MN 56083  
County: REDWOOD  
COTON WOOD TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	2	1 9 0 9	0	2	1 9 1 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
Kelly Vogel Wife	Same

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS	✓	RABBITS	✓
CATS	-	NONHUMAN PRIMATES	13
GUINEA PIGS	✓	MARINE MAMMALS	✓
HAMSTERS	✓	WILD OR EXOTIC MAMMALS	70
OTHER (i.e., farm animals) (List Species and No.)		TOTAL:	

NOT A FOIA DELETION 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  
(b)(6)

13. NAME AND TITLE (Type or Print)  
Kevin Vogel

14. DATE  
1-5-10

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0104 CUST: 6515	19-FEB-2009	\$ 235.00	24 Feb 09 V.M.C.

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Kevin Vogel  
  
20616 460th Ave  
Sanborn, MN 56083

Telephone: (507)648-3251

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

20616 460th Ave  
Sanborn, MN 56083  
County: Redwood

Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
19-FEB-2008	19-FEB-2009

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	11	RODENTS (Do not include lab rats or mice)	0
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS	0	WILD/EXOTIC HOOFSTOCK	31
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS	10	BEARS	0
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	0	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	12
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES	0	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	64

NOT A FOIA DELETION CERTIFICATION

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE FEES	
	AMOUNT	DATE RECEIVED
CERT: 41-C-0104 CUST: 6515	19-FEB-2008 \$735.00	20 Feb 08

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Kevin & Kelly Vogel

20616 460th Ave  
Sanborn, MN 56083

Telephone: (507)648-3251

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

20616 460th Ave  
Sanborn, MN 56083  
County: Redwood

Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
19-FEB-2007	19-FEB-2008

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)	WILD/EXOTIC HOOFSTOCK	BEARS	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS	11	37	0	15	74
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS	10	0	0	0	0
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	1	0	0	0	0
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES	2	0	0	0	0

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Part 1, Parts 4.9, 4.10, 4.11, 4.12, 4.13, 4.14, 4.15, 4.16, 4.17, 4.18, 4.19, 4.20, 4.21, 4.22, 4.23, 4.24, 4.25, 4.26, 4.27, 4.28, 4.29, 4.30, 4.31, 4.32, 4.33, 4.34, 4.35, 4.36, 4.37, 4.38, 4.39, 4.40, 4.41, 4.42, 4.43, 4.44, 4.45, 4.46, 4.47, 4.48, 4.49, 4.50, 4.51, 4.52, 4.53, 4.54, 4.55, 4.56, 4.57, 4.58, 4.59, 4.60, 4.61, 4.62, 4.63, 4.64, 4.65, 4.66, 4.67, 4.68, 4.69, 4.70, 4.71, 4.72, 4.73, 4.74, 4.75, 4.76, 4.77, 4.78, 4.79, 4.80, 4.81, 4.82, 4.83, 4.84, 4.85, 4.86, 4.87, 4.88, 4.89, 4.90, 4.91, 4.92, 4.93, 4.94, 4.95, 4.96, 4.97, 4.98, 4.99, 4.100, 4.101, 4.102, 4.103, 4.104, 4.105, 4.106, 4.107, 4.108, 4.109, 4.110, 4.111, 4.112, 4.113, 4.114, 4.115, 4.116, 4.117, 4.118, 4.119, 4.120, 4.121, 4.122, 4.123, 4.124, 4.125, 4.126, 4.127, 4.128, 4.129, 4.130, 4.131, 4.132, 4.133, 4.134, 4.135, 4.136, 4.137, 4.138, 4.139, 4.140, 4.141, 4.142, 4.143, 4.144, 4.145, 4.146, 4.147, 4.148, 4.149, 4.150, 4.151, 4.152, 4.153, 4.154, 4.155, 4.156, 4.157, 4.158, 4.159, 4.160, 4.161, 4.162, 4.163, 4.164, 4.165, 4.166, 4.167, 4.168, 4.169, 4.170, 4.171, 4.172, 4.173, 4.174, 4.175, 4.176, 4.177, 4.178, 4.179, 4.180, 4.181, 4.182, 4.183, 4.184, 4.185, 4.186, 4.187, 4.188, 4.189, 4.190, 4.191, 4.192, 4.193, 4.194, 4.195, 4.196, 4.197, 4.198, 4.199, 4.200, 4.201, 4.202, 4.203, 4.204, 4.205, 4.206, 4.207, 4.208, 4.209, 4.210, 4.211, 4.212, 4.213, 4.214, 4.215, 4.216, 4.217, 4.218, 4.219, 4.220, 4.221, 4.222, 4.223, 4.224, 4.225, 4.226, 4.227, 4.228, 4.229, 4.230, 4.231, 4.232, 4.233, 4.234, 4.235, 4.236, 4.237, 4.238, 4.239, 4.240, 4.241, 4.242, 4.243, 4.244, 4.245, 4.246, 4.247, 4.248, 4.249, 4.250, 4.251, 4.252, 4.253, 4.254, 4.255, 4.256, 4.257, 4.258, 4.259, 4.260, 4.261, 4.262, 4.263, 4.264, 4.265, 4.266, 4.267, 4.268, 4.269, 4.270, 4.271, 4.272, 4.273, 4.274, 4.275, 4.276, 4.277, 4.278, 4.279, 4.280, 4.281, 4.282, 4.283, 4.284, 4.285, 4.286, 4.287, 4.288, 4.289, 4.290, 4.291, 4.292, 4.293, 4.294, 4.295, 4.296, 4.297, 4.298, 4.299, 4.300, 4.301, 4.302, 4.303, 4.304, 4.305, 4.306, 4.307, 4.308, 4.309, 4.310, 4.311, 4.312, 4.313, 4.314, 4.315, 4.316, 4.317, 4.318, 4.319, 4.320, 4.321, 4.322, 4.323, 4.324, 4.325, 4.326, 4.327, 4.328, 4.329, 4.330, 4.331, 4.332, 4.333, 4.334, 4.335, 4.336, 4.337, 4.338, 4.339, 4.340, 4.341, 4.342, 4.343, 4.344, 4.345, 4.346, 4.347, 4.348, 4.349, 4.350, 4.351, 4.352, 4.353, 4.354, 4.355, 4.356, 4.357, 4.358, 4.359, 4.360, 4.361, 4.362, 4.363, 4.364, 4.365, 4.366, 4.367, 4.368, 4.369, 4.370, 4.371, 4.372, 4.373, 4.374, 4.375, 4.376, 4.377, 4.378, 4.379, 4.380, 4.381, 4.382, 4.383, 4.384, 4.385, 4.386, 4.387, 4.388, 4.389, 4.390, 4.391, 4.392, 4.393, 4.394, 4.395, 4.396, 4.397, 4.398, 4.399, 4.400, 4.401, 4.402, 4.403, 4.404, 4.405, 4.406, 4.407, 4.408, 4.409, 4.410, 4.411, 4.412, 4.413, 4.414, 4.415, 4.416, 4.417, 4.418, 4.419, 4.420, 4.421, 4.422, 4.423, 4.424, 4.425, 4.426, 4.427, 4.428, 4.429, 4.430, 4.431, 4.432, 4.433, 4.434, 4.435, 4.436, 4.437, 4.438, 4.439, 4.440, 4.441, 4.442, 4.443, 4.444, 4.445, 4.446, 4.447, 4.448, 4.449, 4.450, 4.451, 4.452, 4.453, 4.454, 4.455, 4.456, 4.457, 4.458, 4.459, 4.460, 4.461, 4.462, 4.463, 4.464, 4.465, 4.466, 4.467, 4.468, 4.469, 4.470, 4.471, 4.472, 4.473, 4.474, 4.475, 4.476, 4.477, 4.478, 4.479, 4.480, 4.481, 4.482, 4.483, 4.484, 4.485, 4.486, 4.487, 4.488, 4.489, 4.490, 4.491, 4.492, 4.493, 4.494, 4.495, 4.496, 4.497, 4.498, 4.499, 4.500, 4.501, 4.502, 4.503, 4.504, 4.505, 4.506, 4.507, 4.508, 4.509, 4.510, 4.511, 4.512, 4.513, 4.514, 4.515, 4.516, 4.517, 4.518, 4.519, 4.520, 4.521, 4.522, 4.523, 4.524, 4.525, 4.526, 4.527, 4.528, 4.529, 4.530, 4.531, 4.532, 4.533, 4.534, 4.535, 4.536, 4.537, 4.538, 4.539, 4.540, 4.541, 4.542, 4.543, 4.544, 4.545, 4.546, 4.547, 4.548, 4.549, 4.550, 4.551, 4.552, 4.553, 4.554, 4.555, 4.556, 4.557, 4.558, 4.559, 4.560, 4.561, 4.562, 4.563, 4.564, 4.565, 4.566, 4.567, 4.568, 4.569, 4.570, 4.571, 4.572, 4.573, 4.574, 4.575, 4.576, 4.577, 4.578, 4.579, 4.580, 4.581, 4.582, 4.583, 4.584, 4.585, 4.586, 4.587, 4.588, 4.589, 4.590, 4.591, 4.592, 4.593, 4.594, 4.595, 4.596, 4.597, 4.598, 4.599, 4.600, 4.601, 4.602, 4.603, 4.604, 4.605, 4.606, 4.607, 4.608, 4.609, 4.610, 4.611, 4.612, 4.613, 4.614, 4.615, 4.616, 4.617, 4.618, 4.619, 4.620, 4.621, 4.622, 4.623, 4.624, 4.625, 4.626, 4.627, 4.628, 4.629, 4.630, 4.631, 4.632, 4.633, 4.634, 4.635, 4.636, 4.637, 4.638, 4.639, 4.640, 4.641, 4.642, 4.643, 4.644, 4.645, 4.646, 4.647, 4.648, 4.649, 4.650, 4.651, 4.652, 4.653, 4.654, 4.655, 4.656, 4.657, 4.658, 4.659, 4.660, 4.661, 4.662, 4.663, 4.664, 4.665, 4.666, 4.667, 4.668, 4.669, 4.670, 4.671, 4.672, 4.673, 4.674, 4.675, 4.676, 4.677, 4.678, 4.679, 4.680, 4.681, 4.682, 4.683, 4.684, 4.685, 4.686, 4.687, 4.688, 4.689, 4.690, 4.691, 4.692, 4.693, 4.694, 4.695, 4.696, 4.697, 4.698, 4.699, 4.700, 4.701, 4.702, 4.703, 4.704, 4.705, 4.706, 4.707, 4.708, 4.709, 4.710, 4.711, 4.712, 4.713, 4.714, 4.715, 4.716, 4.717, 4.718, 4.719, 4.720, 4.721, 4.722, 4.723, 4.724, 4.725, 4.726, 4.727, 4.728, 4.729, 4.730, 4.731, 4.732, 4.733, 4.734, 4.735, 4.736, 4.737, 4.738, 4.739, 4.740, 4.741, 4.742, 4.743, 4.744, 4.745, 4.746, 4.747, 4.748, 4.749, 4.750, 4.751, 4.752, 4.753, 4.754, 4.755, 4.756, 4.757, 4.758, 4.759, 4.760, 4.761, 4.762, 4.763, 4.764, 4.765, 4.766, 4.767, 4.768, 4.769, 4.770, 4.771, 4.772, 4.773, 4.774, 4.775, 4.776, 4.777, 4.778, 4.779, 4.780, 4.781, 4.782, 4.783, 4.784, 4.785, 4.786, 4.787, 4.788, 4.789, 4.790, 4.791, 4.792, 4.793, 4.794, 4.795, 4.796, 4.797, 4.798, 4.799, 4.800, 4.801, 4.802, 4.803, 4.804, 4.805, 4.806, 4.807, 4.808, 4.809, 4.810, 4.811, 4.812, 4.813, 4.814, 4.815, 4.816, 4.817, 4.818, 4.819, 4.820, 4.821, 4.822, 4.823, 4.824, 4.825, 4.826, 4.827, 4.828, 4.829, 4.830, 4.831, 4.832, 4.833, 4.834, 4.835, 4.836, 4.837, 4.838, 4.839, 4.840, 4.841, 4.842, 4.843, 4.844, 4.845, 4.846, 4.847, 4.848, 4.849, 4.850, 4.851, 4.852, 4.853, 4.854, 4.855, 4.856, 4.857, 4.858, 4.859, 4.860, 4.861, 4.862, 4.863, 4.864, 4.865, 4.866, 4.867, 4.868, 4.869, 4.870, 4.871, 4.872, 4.873, 4.874, 4.875, 4.876, 4.877, 4.878, 4.879, 4.880, 4.881, 4.882, 4.883, 4.884, 4.885, 4.886, 4.887, 4.888, 4.889, 4.890, 4.891, 4.892, 4.893, 4.894, 4.895, 4.896, 4.897, 4.898, 4.899, 4.900, 4.901, 4.902, 4.903, 4.904, 4.905, 4.906, 4.907, 4.908, 4.909, 4.910, 4.911, 4.912, 4.913, 4.914, 4.915, 4.916, 4.917, 4.918, 4.919, 4.920, 4.921, 4.922, 4.923, 4.924, 4.925, 4.926, 4.927, 4.928, 4.929, 4.930, 4.931, 4.932, 4.933, 4.934, 4.935, 4.936, 4.937, 4.938, 4.939, 4.940, 4.941, 4.942, 4.943, 4.944, 4.945, 4.946, 4.947, 4.948, 4.949, 4.950, 4.951, 4.952, 4.953, 4.954, 4.955, 4.956, 4.957, 4.958, 4.959, 4.960, 4.961, 4.962, 4.963, 4.964, 4.965, 4.966, 4.967, 4.968, 4.969, 4.970, 4.971, 4.972, 4.973, 4.974, 4.975, 4.976, 4.977, 4.978, 4.979, 4.980, 4.981, 4.982, 4.983, 4.984, 4.985, 4.986, 4.987, 4.988, 4.989, 4.990, 4.991, 4.992, 4.993, 4.994, 4.995, 4.996, 4.997, 4.998, 4.999, 5.000

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

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0122 7813	3-Nov-2009	185	3 NOV 29 2009

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Lee Greenly  
1894 Old Military Roads  
Sandstone, MN 55072

COUNTY: PINE TELEPHONE (320) - 245 - 2017

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
1894 Old Military Roads  
Sandstone, MN 55072  
County: PINE

TELEPHONE 320 245 2017

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE

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

6. DATE OF LAST BUSINESS YEAR

FROM					TO				
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	
1	1	0 3	0 8	1	1	0 3	0 9		

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    K - Pet Store    L - Broker  
**Zoo**

8. TYPE OF ORGANIZATION

Partnership    Corporation    Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6) Lee Greenly ✓	

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS	Ø	RABBITS	Ø
CATS	Ø	NONHUMAN PRIMATES	1
GUINEA PIGS	Ø	MARINE MAMMALS	Ø
HAMSTERS	Ø	WILD OR EXOTIC MAMMALS	49
OTHER (i.e., farm animals) (List Species and No.)		TOTAL:	

NOT A FOIA DELETION 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 and I am in compliance with all regulations and I certify that I am over 18 years of age.

12. SIGNATURE (b)(6)  
13. NAME AND TITLE (Type or Print) Lee Greenly  
14. DATE 10/28/09

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0122 CUST: 7813	03-NOV-2008	\$185.00	03 NOV 08 J.M.C.

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Lee Greenly

1894 Old Military Roads  
Sandstone, MN 55072

Telephone: (320)245-2017

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

1894 Old Military Roads  
Sandstone, MN 55072  
County: Pine

Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
03-NOV-2007	03-NOV-2008

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR			2
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR			5
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)			6
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)			14
			49

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR,

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

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SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0122 CUST: 7813	03-NOV-2007	\$235 <sup>00</sup>	2520501 <i>Feb</i>

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Lee Greenly  
  
1894 Old Military Roads  
Sandstone, MN 55072  
  
Telephone: (320)245-2017

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

1894 Old Military Roads  
Sandstone, MN 55072  
County: Pine  
  
Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
03-NOV-2006	03-NOV-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS	BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 142 and 143. I understand that I am responsible for any and all

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

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Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
CERT: 41-C-0122 CUST: 7813	03-NOV-2006	AMOUNT \$235	DATE RECEIVED 15NOV06

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Lee Greenly  
1894 Old Military Roads  
Sandstone, MN 55072

Telephone: (320)245-2017

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

1894 Old Military Roads  
Sandstone, MN 55072  
County: Pine

Telephone: 320-245-2017

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

(b)(6)

Lee Greenly

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
03-NOV-2005	03-NOV-2006

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	0	NONHUMAN PRIMATES	1	RODENTS (Do not include lab rats or mice)	0
CATS	0	MARINE ANIMALS	0	WILD/EXOTIC HOOFSTOCK	5
GUINEA PIGS	0	FARM ANIMALS	1	BEARS	10
HAMSTERS	0	WILD/EXOTIC CANINES	70	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	77
RABBITS	0	WILD/EXOTIC FELINES	20	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	190

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR,

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

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USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

111 APR 2010

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0128 9232	23-Jul-2010	\$ 8500	06 July 10 VM

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
CENCO FARMS INC  
9225 St Croix Tr S  
Hastings, MN 55033

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
9225 St Croix Tr S  
Hastings, MN 55033  
County: WASHINGTON TELEPHONE ( )

COUNTY: WASHINGTON TELEPHONE (651) - 436 - 8292

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

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

6. DATE OF LAST BUSINESS YEAR

FROM					TO						
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR			
0	6	0	1	0	9	0	5	3	1	1	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
(b)(6)	9225 St Croix Tr S Hastings MN 55033 " " " "

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR 0  
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR 0  
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS 0

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

DOGS	RABBITS
CATS	NONHUMAN PRIMATES
GUINEA PIGS	MARINE MAMMALS
HAMSTERS	WILD OR EXOTIC MAMMALS
OTHER (i.e., farm animals) (List Species and No.) See below	TOTAL: 10

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7) 0

NOT A FOIA DELETION

## 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.

(b)(6)

14. DATE

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)

SEND THE COMPLETED FORM TO:  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

RENEWAL

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0128 9232	23-Jul-2009	AMOUNT 85.00	DATE RECEIVED 08 Jul 09

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
CENCO FARMS INC  
9225 St Croix Tr S  
Hastings, MN 55033  
  
COUNTY: WASHINGTON TELEPHONE (651) - 436 - 8292

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
9225 St Croix Tr S  
Hastings, MN 55033  
County: WASHINGTON TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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

FROM					TO				
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	
0	6	0 1 0 8	0	5	3 1 0 9				

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	None None None

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR  
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR  
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS  
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS	RABBITS
CATS	NONHUMAN PRIMATES
GUINEA PIGS	MARINE MAMMALS
HAMSTERS	WILD OR EXOTIC MAMMALS
OTHER (i.e., farm animals) (List Species and No.) 16	TOTAL: 16

NOT A FOIA DELETION 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.

(b)(6) 14. DATE 6/3/09

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY  
SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0128 CUST: 9232	23-JUL-2008	\$15	07JUN08 TB

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Cenco Farms Inc  
9225 St Croix Tr S  
Hastings, MN 55033

Telephone: (651)436-8292

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

9225 St Croix Tr S  
Hastings, MN 55033  
County: Washington

Telephone: (651)436-8292

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JUN-2007	31-MAY-2008

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)	WILD/EXOTIC HOOFSTOCK
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS	BEARS	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS	18	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	

NOT A FOIA DELETION

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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY  
SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0128	23-JUL-2007	\$15	27 June 07
CUST: 9232			

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Cenco Farms Inc  
9225 St Croix Tr S  
Hastings, MN 55033

Telephone: (651)436-8292

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

9225 St Croix Tr S  
Hastings, MN 55033  
County: Washington

Telephone: (651)436-8292

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM

TO

01-JUN-2006

31-MAY-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block.  
(Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED  
IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD  
IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED  
FROM REGULATED ACTIVITIES (SALES,  
BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED  
(SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
GUINEA PIGS	FARM ANIMALS	BEARS
HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am 18 years of age or older.

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**

**APPLICATION FOR LICENSE**  
(TYPE OR PRINT)

**RENEWAL**

**DO NOT USE THIS SPACE - OFFICIAL USE ONLY**

RECEIVED  
AUG 17 2009  
BY: \_\_\_\_\_

LICENSE NO./CUST NO 41-C-0129 9260	RENEWAL DATE 20-Sep-2009	FEES	
		AMOUNT 85.00	DATE RECEIVED 17 AUG 2009

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS MORRIS WALKER LTD 501 E South St Belle Plaine, MN 56011  COUNTY: SCOTT TELEPHONE (952) - 873 - 3006	2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable) 501 E South St Belle Plaine, MN 56011 County: SCOTT  TELEPHONE ( )
---------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  PREVIOUS LICENSE NO.:	4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST  None
---------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------

5. TYPE OF LICENSE <input type="checkbox"/> A - Dealer (Breeder) <input type="checkbox"/> B - Dealer <input checked="" type="checkbox"/> C - Exhibitor	6. DATE OF LAST BUSINESS YEAR
7. NATURE OF BUSINESS (Check item that describes nature of your business) <input type="checkbox"/> A - Zoo <input type="checkbox"/> B - Aquariums <input type="checkbox"/> C - Auction <input type="checkbox"/> D - Breeder <input type="checkbox"/> E - Pets <input checked="" type="checkbox"/> F - Roadside Zoo <input type="checkbox"/> G - Circus <input type="checkbox"/> H - Animal Acts <input type="checkbox"/> I - Carnival <input type="checkbox"/> J - Drive thru Zoo <input type="checkbox"/> K - Pet Store <input type="checkbox"/> L - Broker	8. TYPE OF ORGANIZATION <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify) _____

**9. LIST OWNERS, PARTNERS, AND OFFICERS**

NAME AND TITLE	ADDRESS
(b)(6)  Mary Jo Morris	

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
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	CATS	NONHUMAN PRIMATES
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	GUINEA PIGS	MARINE MAMMALS
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	HAMSTERS	WILD OR EXOTIC MAMMALS
	OTHER (i.e., farm animals) (List Species and No.) 9	TOTAL: 9

**NOT A FOIA DELETION 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. SIGN _____	13. NAME AND TITLE (Type or Print) Mary Jo Morris (owner)	14. DATE 8/17/09
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U.S DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0129 CUST: 9260	20-SEP-2008	\$85. <sup>00</sup>	9 OCT 08

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Morris Walker Ltd  
  
501 E South St  
Belle Plaine, MN 56011

Telephone: (952)873-3006

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

501 E South St  
Belle Plaine, MN 56011  
County: Scott  
  
Telephone: (952)873-3006

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2007	31-DEC-2008

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS	BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR,

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

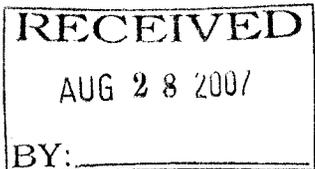
DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0129	20-SEP-2007	185	28 Aug 07
CUST: 9260			

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

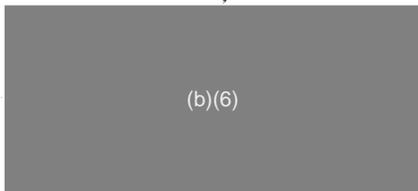
Morris Walker Ltd  
505 E South St  
Belle Plaine, MN 56011  
Telephone: (952)873-3006



2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

505 E South St  
Belle Plaine, MN 56011  
County: Scott  
Telephone: (952)873-3006

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.



(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2006	31-DEC-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS	13	BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS		WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	13

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR,

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
CERT: 41-C-0129 CUST: 9260	20-SEP-2006	AMOUNT \$85	DATE RECEIVED 05 SEP 06

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Morris Walker Ltd  
Emma Krumbes  
505 E South St  
Belle Plaine, MN 56011

Telephone: (952)873-3006

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

505 E South St  
Belle Plaine, MN 56011  
County: Scott  
Telephone: (952)873-3006

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.



(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2005	31-DEC-2006

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.8)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	/	NONHUMAN PRIMATES	/	RODENTS (Do not include lab rats or mice)	/
CATS	/	MARINE ANIMALS	/	WILD/EXOTIC HOOFSTOCK	/
GUINEA PIGS	/	FARM ANIMALS	10	BEARS	/
HAMSTERS	/	WILD/EXOTIC CANINES	/	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	/
RABBITS	/	WILD/EXOTIC FELINES	/	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	10

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
 USDA APHIS ANIMAL CARE  
 Eastern Region  
 920 Main Campus Drive  
 Suite 200  
 Raleigh, NC 27606-5210  
 (919) 855-7100

JUN 02 2010

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0135 9975	2-Jun-2010	AMOUNT	DATE RECEIVED
		\$235.00	2/2/10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
 Walter Zerebko  
 24979 Cty Rd 328  
 Bovey, MN 55709

COUNTY: ITASCA TELEPHONE ( ) - -

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
 24979 Cty Rd 328  
 Bovey, MN 55709  
 County: ITASCA

TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)    B - Dealer    C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 1 0 9	1	2 3	1 0 9						

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

A - Zoo mobile    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
(b)(6) Kathy (b)(6)	SAME

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

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	8
OTHER (i.e., farm animals) (List Species and No.)		TOTAL:	
10 - cows 4 - Alpaca 30 goats 4 - sheep 3 llamas 7 - ponies		65	

NOT A FOIA DELETION 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.

13. NAME AND TITLE (Type or Print)      14. DATE

(b)(6)      Kathy      5/21/10

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0135 9975	2-Jun-2009	\$ 235.00	10 June 09 Vmc

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Walter Zerebko  
24979 Cty Rd 328  
Bovey, MN 55709

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
24979 Cty Rd 328  
Bovey, MN 55709  
County: ITASCA

TELEPHONE ( )

COUNTY: ITASCA TELEPHONE ( ) - -

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

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

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR
0	1	0	1	0	8	1	2	3	1	0	8

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
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	CATS	NONHUMAN PRIMATES
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	GUINEA PIGS	MARINE MAMMALS
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	HAMSTERS	WILD OR EXOTIC MAMMALS
	OTHER (i.e., farm animals) (List Species and No.)	TOTAL:
	CDives 10 goats 30	15

NOT A FOIA DELETION

## 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 reg. CFR, Subpart A, Parts 1, 2, and 3. I certify that I am over 18 years of age.

12. (b)(6)

13. NAME AND TITLE (Type or Print)

14. DATE

Walter Zerebko  
6/10/09

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY  
SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0135 CUST: 9975	02-JUN-2008	\$125	02 JUN 08 JTB

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Walter & Kathy Zerebkc

24979 Cty Rd 328  
Bovey, MN 55709

Telephone: (218)245-1598

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

24979 Cty Rd 328  
Bovey, MN 55709  
County: Itasca

Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2007	31-DEC-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	1
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	6
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS		FARM ANIMALS	45	BEARS	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS		WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	52

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am 18 years of age or older.

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)

RENEWAL

SEND THE COMPLETED FORM TO:  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

RECEIVED

AUG 17 2009

BY:

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0137 11504	15-Aug-2009	AMOUNT 40.00	DATE RECEIVED 17 AUG 09 MDL

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
GREAT LAKES AQUARIUM@LAKE SUPERIOR  
353 Harbor Dr  
Duluth, MN 55802

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
353 Harbor Dr.  
Duluth, MN 55802  
County: ST LOUIS TELEPHONE ( )

COUNTY: ST LOUIS TELEPHONE (218) - 740 - 3474

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0	1	0	8	1	2	3	1	0	8

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
(b)(6)	Same as above

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
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	CATS	NONHUMAN PRIMATES
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	GUINEA PIGS	MARINE MAMMALS
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	HAMSTERS	WILD OR EXOTIC MAMMALS
	OTHER (i.e., farm animals) (List Species and No.)	TOTAL:
		2 no. Amer river otter
		3

NOT A FOIA DELETION 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.

14. DATE  
7-9-09

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0137 CUST: 11504	15-AUG-2008	\$40. <sup>00</sup>	6 Oct 08 <sup>16</sup>

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Great Lakes Aquarium@Lake Superior

353 Harbor Dr  
Duluth, MN 55802

Telephone: (218)740-3474

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

353 Harbor Dr.  
Duluth, MN 55802  
County: St Louis

Telephone: (218)740-3474

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2007	31-DEC-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS		NON-HUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS	1	MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS		BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	2 No. American River otters
RABBITS		WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	3

NOT A FOIA DELETION

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 the regulations and standards in 9 CFR, Subpart A. Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

AUG 21 2007

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO 920 Main Campus Drive Suite 200, Unit  
3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE FEES	
	AMOUNT	DATE RECEIVED
CERT: 41-C-0137 CUST: 11504	15-AUG-2007 \$40	21 Aug 07

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Great Lakes Aquarium@Lake Superior

353 Harbor Dr  
Duluth, MN 55802

Telephone: (218)740-3474

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

353 Harbor Dr.  
Duluth, MN 55802  
County: St Louis

Telephone: (218)740-3474

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2006	31-DEC-2006

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)	DOGS	CATS	GUINEA PIGS	HAMSTERS	RABBITS	NONHUMAN PRIMATES	MARINE ANIMALS	FARM ANIMALS	WILD/EXOTIC CANINES	WILD/EXOTIC FELINES	RODENTS (Do not include lab rats or mice)	WILD/EXOTIC HOOFSTOCK	BEARS	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR		1												2 No. American River Otter	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR															
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)															
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)															

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY  
SEND THE COMPLETED FORM TO 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0137 CUST: 11504	15-AUG-2006	\$40	145006

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Great Lakes Aquarium@Lake Superic  
353 Harbor Dr  
Duluth, MN 55802

Telephone: (218)740-3474

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

353 Harbor Dr.  
Duluth, MN 55802  
County: St Louis  
Telephone: (218)740-3474

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2005	31-DEC-2005

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
GUINEA PIGS	FARM ANIMALS	BEARS
HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
		2
RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)
		2

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0148 17460	17-Jul-2010	\$40.00	2/24/10 UMC

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Mike Fogel  
32488 Cody Drive  
Houston, MN 55943

COUNTY: HOUSTON TELEPHONE (507) - 896 - 2345

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
32488 Cody Drive  
Houston, MN 55943  
County: HOUSTON TELEPHONE ( )

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

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

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

6. DATE OF LAST BUSINESS YEAR

FROM					TO						
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR			
0	1	0	1	0	9	1	2	3	1	0	9

8. TYPE OF ORGANIZATION

- Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	32488 Cody Drive Houston, MN 55943
(b)(6)	

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
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	CATS	NONHUMAN PRIMATES
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	GUINEA PIGS	MARINE MAMMALS
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	HAMSTERS	WILD OR EXOTIC MAMMALS
	OTHER (i.e., farm animals) (List Species and No.)	TOTAL: 1
	Bison	1

NOT A FOIA DELETION 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. SIGN. (b)(6)

13. NAME AND TITLE (Type or Print)

14. DATE

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)

RENEWAL

SEND THE COMPLETED FORM TO:  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0148 17460	17-Jul-2009	AMOUNT 40.00	DATE RECEIVED 7/15/09

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Mike Fogel  
32488 Cody Drive  
Houston, MN 55943

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
32488 Cody Drive  
Houston, MN 55943  
County: HOUSTON  
TELEPHONE ( )

COUNTY: HOUSTON TELEPHONE (507) - 896 - 2345

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

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

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR
0	1	0	1	0	8	1	2	3	1	0	8

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
(b)(6)	

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
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	CATS	NONHUMAN PRIMATES
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	GUINEA PIGS	MARINE MAMMALS
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	HAMSTERS	WILD OR EXOTIC MAMMALS
	OTHER (i.e., farm animals) (List Species and No.)	TOTAL: 1
		Buffalo: 1

NOT A FOIA DELETION 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

(b)(6)

13. NAME AND TITLE (Type or Print)

Mike Fogel

14. DATE

7/15/09

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0148	17-JUL-2008	\$40	08 Jul 08
CUST: 17460			

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Mike Fogel  
32488 Cody Drive  
Houston, MN 55943

Telephone: (507)896-2345

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

Rt 1 Box 72 32488 Cody Drive  
Houston, MN 55943  
County: Houston

Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

Mike Fogel

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2007	31-DEC-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
GUINEA PIGS	FARM ANIMALS	BEARS
HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)
		1

NOT A FOIA DELETION

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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am 18 years of age or older.

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY  
SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0148	17-JUL-2007	\$210	10 July
CUST: 17460			

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Mike Fogel

32488 Cody Drive  
Houston, MN 55943

Telephone: (507)896-2345

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

~~Rt 1 Box 72~~ 32488 Cody Drive  
Houston, MN 55943  
County: Houston

Telephone: 507-896-2345

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

MIKE FOGEL

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM

TO

01-JAN-2006

31-DEC-2006

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership

Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	1
GUINEA PIGS		FARM ANIMALS		BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS		WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	1

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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.

and the applicant is in compliance with the standards and regulations Section 2133.

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

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

**DO NOT USE THIS SPACE - OFFICIAL USE ONLY**

SEND THE COMPLETED FORM TO:  
 USDA APHIS ANIMAL CARE  
 Eastern Region  
 920 Main Campus Drive  
 Suite 200  
 Raleigh, NC 27606-5210  
 (919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0149 19117	17-Sep-2009	AMOUNT \$40 <sup>00</sup>	DATE RECEIVED 25 Sept 09 <i>Uma</i>

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
 Charlene Bradley  
 21 Alek Court  
 North Mankato, MN 56003

COUNTY: NICOLLET TELEPHONE (507) - 388 - 3077

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
 21 Alek Ct  
 North Mankato, MN 56003  
 County: NICOLLET

TELEPHONE (507) 388-3077 ✓

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE

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

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 1 0 8	1	2	3 1 0 8						

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
Charlene Bradley / owner	21 Alek Ct. North Mankato, MN 56003

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	1
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	1
OTHER (i.e., farm animals) (List Species and No.)		TOTAL:	2

**NOT A FOIA DELETION 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

(b)(6)

13. NAME AND TITLE (Type or Print)

Owner - Zoo To Your Animal

14. DATE

9/16/09

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0149 CUST: 19117	17-SEP-2008	\$410	11/5/09 TB

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Charlene Bradley  
21 Alek Court  
North Mankato, MN 56003

Telephone: (507)388-3077

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

21 Alek Ct  
North Mankato, MN 56003  
County: Nicollet

Telephone: 507-388-3077

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

41-C-0149

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2007	31-DEC-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS		BEARS	
HAMSTERS		WILD/EXOTIC CANINES	1	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	2
RABBITS	1	WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	4

NOT A FOIA DELETION

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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

AUG 13 2007

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES
CERT: 41-C-0149 CUST: 19117	17-SEP-2007	AMOUNT: \$40 DATE RECEIVED: 13 AUG 07

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Charlene Bradley

21 Alek Court  
North Mankato, MN 56003

Telephone: (507)388-3077

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

21 Alek Ct  
North Mankato, MN 56003  
County: Nicollet

Telephone:

507-388-3077

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2006	31-DEC-2006

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS	BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am 18 years of age or older.

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0149 CUST: 19117	17-SEP-2006	\$40	25 Aug 06

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Charlene Bradley  
Zoo To You  
21 Alek Court  
North Mankato, MN 56003

Telephone: (507)388-3077

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

~~210 North Plainview Avenue~~ 21 Alek Ct  
~~Mankato, MN 56001~~ North Mankato, MN 56003  
~~County: Blue Earth~~ County: Nicollet  
Telephone: 507-388-3077

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

Charlene Bradley

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2005	31-DEC-2005

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	1
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS		BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	3
RABBITS	1	WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	5

NOT A FOIA DELETION

CERTIFICATION

I hereby make application for a license under the Animal Welfare Act, U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge and belief.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0155 20085	10-Apr-2010	AMOUNT \$85.00	DATE RECEIVED 3 MAR 10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Steve Turck  
67304 Minnesota Hwy 24  
Litchfield, MN 55355

COUNTY: MEEKER TELEPHONE (320) - 693 - 3944

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)

67304 Minnesota Hwy 24  
Litchfield, MN 55355  
County: MEEKER

TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE

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

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

- A - Zoo  B - Aquariums  C - Auction  
 D - Breeder  E - Pets <sup>2</sup> <sub>free farm</sub>  F - Roadside Zoo  
 G - Circus  H - Animal Acts  I - Carnival  
 J - Drive thru Zoo  K - Pet Store  L - Broker

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

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 9	1	2	3 1 0 9						

8. TYPE OF ORGANIZATION

- Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Steve Turck - owner	67304 MN Hwy 24 LITCHFIELD, MN 55355

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	Remainder 6
OTHER (i.e., farm animals) (List Species and No.)		TOTAL:	6

NOT A FOIA DELETION 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. SIG (b)(6) 13. NAME AND TITLE (Type or Print) 14. DATE

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.

and the applicant is in compliance with the standards and regulations Section 21.33.

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

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

**DO NOT USE THIS SPACE - OFFICIAL USE ONLY**

SEND THE COMPLETED FORM TO:  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO 41-C-0155 20085	RENEWAL DATE 10-Apr-2009	FEES	
		AMOUNT \$40.00	DATE RECEIVED 5 March 2009

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Steve Turck  
67304 Minnesota Hwy 24  
Litchfield, MN 55355

COUNTY: MEEKER TELEPHONE (320) - 693 - 3944

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
67304 Minnesota Hwy 24  
Litchfield, MN 55355  
County: MEEKER TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 1 0 8	1	2 3	1 0 8						

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**

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS	RABBITS
CATS	NONHUMAN PRIMATES
GUINEA PIGS	MARINE MAMMALS
HAMSTERS	WILD OR EXOTIC MAMMALS
OTHER (i.e., farm animals) (List Species and No.) Reindeer 4	

**NOT A FOIA DELETION 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  
(b)(6)

13. NAME AND TITLE (Type or Print)  
Owner

14. DATE  
3-1-09

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

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

DO NOT USE THIS SPACE - OFFICIAL USE ONLY  
SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES
CERT: 41-C-0155 CUST: 20085	10-APR-2008	AMOUNT: <i>HS</i> DATE RECEIVED: <i>06 MAR 2008</i>

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Steve Turck  
  
67304 Minnesota Hwy 24  
Litchfield, MN 55355  
  
Telephone: (320)693-3944

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

67304 Minnesota Hwy 24  
Litchfield, MN 55355  
County: Meeker  
  
Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

--

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder     Class B - Dealer     Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2007	31-DEC-2007

**7. TYPE OF ORGANIZATION**

Individual     Corporation     Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK <i>Ken deer #6</i>
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS	BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0157 20816	16-Jul-2010	AMOUNT \$155.00	DATE RECEIVED 21 June 10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Don Nelson  
23618 Cсах 1  
Litchfield, MN 55355

COUNTY: MEEKER TELEPHONE (320) - 693 - 7750

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
23618 Cсах 1  
Litchfield, MN 55355  
County: MEEKER

TELEPHONE (320) - 693 - 7750

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE

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

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

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
0	1	09	1	2	09

8. TYPE OF ORGANIZATION

Partnership    Corporation    Individual

Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Don Nelson 23618 CSAH 1 Litchfield, MN 55355 owner	23618 CSAH 1 Litchfield, MN 55355

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	9
CATS	8	NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	Pigs 4   Hens 1   Sheep 7   goats 12   cows 4   TOTAL: 45 total		

NOT A FOIA DELETION   **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. (b)(6)

13. NAME AND TITLE (Type or Print)  
Don Nelson, owner

14. DATE  
6-15-10

<p>U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE</p> <h2 style="margin: 0;">APPLICATION FOR LICENSE</h2> <p style="margin: 0;">(TYPE OR PRINT)</p> <p style="margin: 10px 0;"><input checked="" type="checkbox"/> RENEWAL</p>	<p><b>DO NOT USE THIS SPACE - OFFICIAL USE ONLY</b></p> <p>SEND THE COMPLETED FORM TO: Eastern Region 920 Main Campus Drive Suite 200 Raleigh, NC 27606-5210 (919) 855-7100</p>								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">LICENSE NO./CUST NO</th> <th style="width:25%;">RENEWAL DATE</th> <th style="width:25%;">AMOUNT</th> <th style="width:25%;">FEES DATE RECEIVED</th> </tr> <tr> <td>41-C-0157 20816</td> <td>16-Jul-2009</td> <td>185.00</td> <td>30 Jul 2009 ntl</td> </tr> </table>	LICENSE NO./CUST NO	RENEWAL DATE	AMOUNT	FEES DATE RECEIVED	41-C-0157 20816	16-Jul-2009	185.00	30 Jul 2009 ntl
LICENSE NO./CUST NO	RENEWAL DATE	AMOUNT	FEES DATE RECEIVED						
41-C-0157 20816	16-Jul-2009	185.00	30 Jul 2009 ntl						

<p>1. NAME(S) OF OWNER(S) AND MAILING ADDRESS Don Nelson 23618 Csah 1 Litchfield, MN 55355</p> <p>COUNTY: MEEKER TELEPHONE (320) - 693 - 7750</p>	<p>2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable) 23618 Csah 1 Litchfield, MN 55355 County: MEEKER</p> <p style="text-align: right;">TELEPHONE (320) 693-7750</p>
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<p>3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS</p> <p>PREVIOUS LICENSE NO.:</p>	<p>4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST</p>
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<p>5. TYPE OF LICENSE</p> <p><input type="checkbox"/> A - Dealer (Breeder)   <input type="checkbox"/> B - Dealer   <input checked="" type="checkbox"/> C - Exhibitor</p>	<p>6. DATE OF LAST BUSINESS YEAR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="6">FROM</th> <th colspan="6">TO</th> </tr> <tr> <th>MO</th><th>DAY</th><th>YEAR</th> <th>MO</th><th>DAY</th><th>YEAR</th> <th>MO</th><th>DAY</th><th>YEAR</th> </tr> <tr> <td>0</td><td>1</td><td>0 8</td> <td>1</td><td>2</td><td>3</td> <td>1</td><td>0</td><td>8</td> </tr> </table>	FROM						TO						MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	0	1	0 8	1	2	3	1	0	8
FROM						TO																									
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR																							
0	1	0 8	1	2	3	1	0	8																							
<p>7. NATURE OF BUSINESS (Check item that describes nature of your business)</p> <p><input checked="" type="checkbox"/> A - Zoo   <input type="checkbox"/> B - Aquariums   <input type="checkbox"/> C - Auction</p> <p><input type="checkbox"/> D - Breeder   <input type="checkbox"/> E - Pets   <input type="checkbox"/> F - Roadside Zoo</p> <p><input type="checkbox"/> G - Circus   <input type="checkbox"/> H - Animal Acts   <input type="checkbox"/> I - Carnival</p> <p><input type="checkbox"/> J - Drive thru Zoo   <input type="checkbox"/> K - Pet Store   <input type="checkbox"/> L - Broker</p>	<p>8. TYPE OF ORGANIZATION</p> <p><input type="checkbox"/> Partnership   <input type="checkbox"/> Corporation   <input checked="" type="checkbox"/> Individual</p> <p><input type="checkbox"/> Other (Specify) _____</p>																														

**9. LIST OWNERS, PARTNERS, AND OFFICERS**

NAME AND TITLE	ADDRESS
<p>Don Nelson Owner</p>	<p>23618 CSAH 1 Litchfield, MN 55355</p>

<p>10. DEALER ONLY</p> <p>TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR</p> <p>TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR</p> <p>TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS</p> <p>DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)</p>	<p>11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>DOGS</td> <td></td> <td>RABBITS</td> <td>10</td> </tr> <tr> <td>CATS</td> <td>6</td> <td>NONHUMAN PRIMATES</td> <td></td> </tr> <tr> <td>GUINEA PIGS</td> <td></td> <td>MARINE MAMMALS</td> <td></td> </tr> <tr> <td>HAMSTERS</td> <td></td> <td>WILD OR EXOTIC MAMMALS</td> <td></td> </tr> <tr> <td>OTHER (i.e., farm animals) (List Species and No.)</td> <td>3 cats, 10 pig, 1 llama, 5 sheep, 3 pig</td> <td>TOTAL:</td> <td>38</td> </tr> </table>	DOGS		RABBITS	10	CATS	6	NONHUMAN PRIMATES		GUINEA PIGS		MARINE MAMMALS		HAMSTERS		WILD OR EXOTIC MAMMALS		OTHER (i.e., farm animals) (List Species and No.)	3 cats, 10 pig, 1 llama, 5 sheep, 3 pig	TOTAL:	38
DOGS		RABBITS	10																		
CATS	6	NONHUMAN PRIMATES																			
GUINEA PIGS		MARINE MAMMALS																			
HAMSTERS		WILD OR EXOTIC MAMMALS																			
OTHER (i.e., farm animals) (List Species and No.)	3 cats, 10 pig, 1 llama, 5 sheep, 3 pig	TOTAL:	38																		

**NOT A FOIA DELETION 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.

<p>12. SIGNATURE</p> <p>(b)(6)</p>	<p>13. NAME AND TITLE (Type or Print)</p> <p>Don Nelson owner</p>	<p>14. DATE</p> <p>6-25-09</p>
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U.S DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY  
SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0157	16-JUL-2008	\$285	01 July 8 2008
CUST: 20816			

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Don Nelson  
23618 Csah 1  
Litchfield, MN 55355  
  
Telephone: (320)693-7750

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

23618 Csah 1  
Litchfield, MN 55355  
County: Meeker  
  
Telephone: 320-693-7750

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

Don or (b)(6) Nelson

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

41-C-0157

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2007	31-DEC-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS 10	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS 39	BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS 14	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9) 64

NOT A FOIA DELETION

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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

APR 10 2010

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0164 25971	26-Apr-2010	AMOUNT	DATE RECEIVED
		\$85.00	19 APR 2010

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Rochelle Skwira - Spitfire Ranch Mobile Petting Zoo  
13137 Co Rd 17  
Holdingford, MN 56340  
  
COUNTY: STEARNS TELEPHONE (320) - 746 - 8159

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
Spitfire Ranch Mobile Petting Zoo  
13137 Cty Rd 17  
Holdingford, MN 56340  
County: STEARNS  
TELEPHONE (320) 746-8159

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR  
FROM TO

7. NATURE OF BUSINESS (Check item that describes nature of your business)  
 A - Zoo - Mobile Petting 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

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
0	1	0 9	1	2	3 1 0 9

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS

10. DEALER ONLY  
TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR  
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR  
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS  
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS	RABBITS	9
CATS	NONHUMAN PRIMATES	
GUINEA PIGS	MARINE MAMMALS	
HAMSTERS	WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	TOTAL: Mini Horses - 2 Mini Donkey - 2 Llamas - 3 Ducks - 2 Appaloosa - 1 Pony Boats - 4 Pot Belly Pigs - 1 Chickens - 2	

NOT A FOIA DELETION 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 (b)(6)  
13. NAME AND TITLE (Type or Print)  
14. DATE

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.

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)

SEND THE COMPLETED FORM TO:  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

RENEWAL

LICENSE NO./CUST NO 41-C-0164 25971	RENEWAL DATE 26-Apr-2009	FEES	
		AMOUNT \$85.00	DATE RECEIVED 20 APR 09 Umc

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Rochelle Skwira - Spitfire Ranch Mobile Petting Zoo  
13137 Co Rd 17  
Holdingford, MN 56340

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
Spitfire Ranch Mobile Petting Zoo  
13137 Cty Rd 17  
Holdingford, MN 56340  
County: STEARNS TELEPHONE (320) 746-8159

COUNTY: STEARNS TELEPHONE (320) - 746 - 8159

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

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

6. DATE OF LAST BUSINESS YEAR

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

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

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 8	1	2	3 1 0 8						

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

## 9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS

## 10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS	RABBITS	6
CATS	NONHUMAN PRIMATES	
GUINEA PIGS	MARINE MAMMALS	
HAMSTERS	WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.) Miniature Horses - 2, Miniature Donkeys - 2, Lambs - 3, Alpaca - 1, Calf - 1, Pig Belly Pigs - 1, Piggy Goats - 5, Lambs - 2, Bucks - 2		

## NOT A FOIA DELETION 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

(b)(6)

13. NAME AND TITLE (Type or Print)

Rochelle Skwira - Owner 4-15-09

14. DATE

19

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY  
SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0164 CUST: 25971	26-APR-2008	85.00	11 MAR 08 JAX

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Rochelle Skwira  
Spitfire Ranch Mobile Petting Zoo (Business Name)  
13137 Co Rd 17  
Holdingford, MN 56340

Telephone: (320)746-8159

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

13137 Cty Rd 17  
Holdingford, MN 56340  
County: Stearns

Telephone: 320-746-8159

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2007	31-DEC-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS	BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

Handwritten values: 15 (Farm Animals), 5 (Rabbits), 20 (Total)

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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 complete application has been received (U.S.C. 2102-2140), 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)

RENEWAL

SEND THE COMPLETED FORM TO:  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0168 27533	23-Aug-2009	AMOUNT	DATE RECEIVED
		\$235.00	17 Aug 09 VM

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
A MAZEN FARMYARD LLC  
57649 Mn Hwy 55  
Eden Valley, MN 55329  
  
COUNTY: MEEKER TELEPHONE (320) - 453 - 6901

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
57649 Mn Hwy 55  
Eden Valley, MN 55329  
County: MEEKER TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST  
  
41-A-0281

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 1 0 8	1	2	3 1 0 8						

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	(b)(6) 57649 MN Hwy 55, Eden Valley MN 55329
(b)(6)	(b)(6) 57649 MN Hwy 55, Eden Valley MN 55329

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  
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR  
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS  
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

DOGS	12	RABBITS	4
CATS	5	NONHUMAN PRIMATES	0
GUINEA PIGS	0	MARINE MAMMALS	0
HAMSTERS	0	WILD OR EXOTIC MAMMALS	0
OTHER (i.e., farm animals) (List Species and No.)	Wallaby - 2 Pot Belly Pig - 7 Guinea Pig - 3 Camel - 2 TOTAL: 67		

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12. SIGNATURE  
(b)(6)

13. NAME AND TITLE (Type or Print)  
(b)(6)

14. DATE  
8-10-09

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0168 CUST: 27533	23-AUG-2008	\$235	12/15/08 TB

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

A Mazen Farmyard Llc  
  
57649 Mn Hwy 55  
Eden Valley, MN 55329

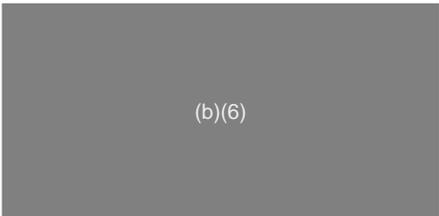
Telephone: (320)453-6901

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

57649 Mn Hwy 55  
Eden Valley, MN 55329  
County: Meeker

Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**



(b)(6)

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

--

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

4-A-0281

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2007	31-DEC-2007

**7. TYPE OF ORGANIZATION**

Individual  <sup>LLC</sup> Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS	20	NONHUMAN PRIMATES	0	RODENTS (Do not include lab rats or mice)	0
CATS	5	MARINE ANIMALS	0	WILD/EXOTIC HOOFSTOCK	0
GUINEA PIGS	0	FARM ANIMALS	43	BEARS	0
HAMSTERS	0	WILD/EXOTIC CANINES	0	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	0
RABBITS	5	WILD/EXOTIC FELINES	0	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	73

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

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

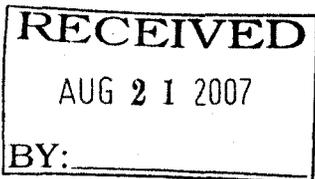
**DO NOT USE THIS SPACE - OFFICIAL USE ONLY**  
SEND THE COMPLETED FORM TO 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES
CERT: 41-C-0168 CUST: 27533	23-AUG-2007	AMOUNT: \$235 DATE RECEIVED: 21 Aug 07

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

A Mazen Farmyard Lli  
57649 Mn Hwy 51  
Eden Valley, MN 55329

Telephone: (320)453-6901

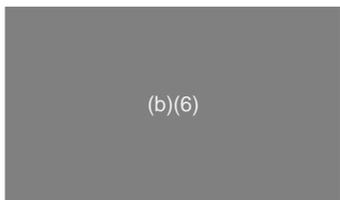


**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

57649 Mn Hwy 55  
Eden Valley, MN 55329  
County: Meeker

Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**



(b)(6)

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

41-A-0271

**5. TYPE OF LICENSE**

Class A - Breeder     Class B - Dealer     Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2006	31-DEC-2006

**7. TYPE OF ORGANIZATION**

Individual     LLC Corporation     Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)	DOGS	20	NONHUMAN PRIMATES	0	RODENTS (Do not include lab rats or mice)	0
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	6	MARINE ANIMALS	0	WILD/EXOTIC HOOFSTOCK	0
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	0	FARM ANIMALS	39	BEARS	0
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	0	WILD/EXOTIC CANINES	0	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	0
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	6	WILD/EXOTIC FELINES	0	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	71

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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

and the applicant is in compliance with the standards and regulations Section 2133.

<p>U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE</p> <h2 style="margin: 0;">APPLICATION FOR LICENSE</h2> <p style="margin: 0;">(TYPE OR PRINT)</p> <p style="margin: 10px 0;"><input type="checkbox"/> RENEWAL</p>	<p><b>DO NOT USE THIS SPACE - OFFICIAL USE ONLY</b></p> <p>SEND THE COMPLETED FORM TO: USDA APHIS ANIMAL CARE Eastern Region 920 Main Campus Drive Suite 200 Raleigh, NC 27606-5210 (919) 855-7100</p>																																				
<p>1. NAME(S) OF OWNER(S) AND MAILING ADDRESS Bcv Herda Daryl Simon Yvonne Simon 20827 489 Avenue Lake Crystal, MN 56055</p> <p>COUNTY: BLUE EARTH TELEPHONE (507) - 947 - 3541</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">LICENSE NO./CUST NO</th> <th style="width:20%;">RENEWAL DATE</th> <th colspan="2" style="text-align: center;">FEES</th> </tr> <tr> <td>41-C-0175 20815</td> <td>25-Jan-2010</td> <td style="text-align: center;">AMOUNT 85</td> <td style="text-align: center;">DATE RECEIVED 2/10/10 MDV</td> </tr> </table> <p>2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable) 20827 489 Avenue Lake Crystal, MN 56055 County: BLUE EARTH</p> <p style="text-align: right;">TELEPHONE (507) 947-3541</p>	LICENSE NO./CUST NO	RENEWAL DATE	FEES		41-C-0175 20815	25-Jan-2010	AMOUNT 85	DATE RECEIVED 2/10/10 MDV																												
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<p>3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS</p> <p>PREVIOUS LICENSE NO.:</p> <p>5. TYPE OF LICENSE</p> <p><input type="checkbox"/> A - Dealer (Breeder)    <input type="checkbox"/> B - Dealer    <input checked="" type="checkbox"/> C - Exhibitor</p>	<p>4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST</p> <p>6. DATE OF LAST BUSINESS YEAR</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th colspan="6">FROM</th> <th colspan="6">TO</th> </tr> <tr> <th>MO</th><th>DAY</th><th>YEAR</th> <th>MO</th><th>DAY</th><th>YEAR</th> <th>MO</th><th>DAY</th><th>YEAR</th> <th>MO</th><th>DAY</th><th>YEAR</th> </tr> <tr> <td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>9</td> <td>1</td><td>2</td><td>3</td><td>1</td><td>0</td><td>9</td> </tr> </table> <p>8. TYPE OF ORGANIZATION</p> <p><input checked="" type="checkbox"/> Partnership    <input type="checkbox"/> Corporation    <input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Other (Specify) _____</p>	FROM						TO						MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	0	1	0	1	0	9	1	2	3	1	0	9
FROM						TO																															
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12. SIGNATURE (b)(6) 13. NAME AND TITLE (b)(6) 14. DATE

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

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

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Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0175 CUST: 20815	25-JAN-2009	\$85.00	16 Jan 09 VMC

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Daryl & Yvonne Simon & Bev Herda

20827 489 Avenue  
Lake Crystal, MN 56055

Telephone: (507)947-3541

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

20827 489 Avenue  
Lake Crystal, MN 56055  
County: Blue Earth

Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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Daryl & Yvonne Simon & Bev Herd

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D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS		BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS		WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	6

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY  
SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0175 CUST: 20815	25-JAN-2007	585	04 JAN 07 RSM

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Daryl & Yvonne Simon & Bev Herda  
Crystal Collection Reindeer  
20827 489 Avenue  
Lake Crystal, MN 56055

Telephone: (507)947-3541

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

20827 489 Avenue  
Lake Crystal, MN 56055  
County: Blue Earth  
Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2006	31-DEC-2006

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS		BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS		WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	6

NOT A FOIA DELETION

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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27808  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0175 CUST: 20815	25-JAN-2006	155	15 Feb 06 TB

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Daryl & Yvonne Simon & Bev Herda  
Crystal Collection Reindeer  
20827 489 Avenue  
Lake Crystal, MN 56055

Telephone: (507)947-3541

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

20827 489 Avenue  
Lake Crystal, MN 56055  
County: Blue Earth  
Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2005	31-DEC-2005

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
GUINEA PIGS	FARM ANIMALS	BEARS
HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9) 25 pg 2 Phone 2006

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I understand that I am responsible for the care and welfare of the animals in my custody.

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.

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)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

MAR 03 2010

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0176 10452	28-Mar-2010	AMOUNT \$35.00	DATE RECEIVED 3 MAR 10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Jim Quistorff  
14403 181st Avenue  
Sauk Centre, MN 56378  
  
COUNTY: STEARNS TELEPHONE (320) - 352 - 6243

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
14403 181st Avenue  
Sauk Centre, MN 56378  
County: STEARNS  
  
TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.: 41-C-0131

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
0	1	0 9	1	2	3 1 0 9

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
LARI & JIM QUISTORFF OWNERS	14403 181ST AVE SAUK CENTRE, MN 56378

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR  
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR  
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS  
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS 8	RABBITS
CATS	NONHUMAN PRIMATES 1
GUINEA PIGS	MARINE MAMMALS
HAMSTERS	WILD OR EXOTIC MAMMALS 24
OTHER (i.e., farm animals) (List Species and No.)	TOTAL: 25

NOT A FOIA DELETION 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 (b)(6)

13. NAME AND TITLE (Type or Print)  
OWNER

14. DATE  
2/2/10

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE UNLESS YOU ARE  
SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit  
3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0176 CUST: 10452	28-MAR-2009	\$185.00	18 Feb 09 VMC

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Jim Quistorff  
14403 181st Avenue  
Sauk Centre, MN 56378

Telephone: (320)352-6243

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

14403 181st Ave.  
Sauk Centre, MN 56378  
County: Stearns

Telephone: (320)352-6243

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

*Jim Quistorff - owner*  
*Loei Quistorff - owner*

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

*41-C-0176*

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2008	31-DEC-2008

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	4	NONHUMAN PRIMATES	1	RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	5
GUINEA PIGS		FARM ANIMALS		BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	14
RABBITS		WILD/EXOTIC FELINES	2	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	28

NOT A FOIA DELETION

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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS OFFICE OFFICIAL USE ONLY  
SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

*RSM*

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0176 CUST: 10452	28-MAR-2008	\$185	11 Feb 08

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Jim & Lori Quistorff  
14403 181st Avenue  
Sauk Centre, MN 56378

Telephone: (320)352-6243

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

14403 181st Ave.  
Sauk Centre, MN 56378  
County: Stearns  
  
Telephone: (320)352-6243

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

*Jim Quistorff - OWNER*  
*Lori Quistorff - OWNER*

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2007	31-DEC-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	<i>3</i>	NONHUMAN PRIMATES	<i>1</i>	RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	<i>4</i>
GUINEA PIGS		FARM ANIMALS		BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	<i>16</i>
RABBITS		WILD/EXOTIC FELINES	<i>2</i>	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	<i>26</i>

NOT A FOIA DELETION

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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0179 14419	9-Jun-2010	755.00	22 June 10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
HUGO ANIMAL FARM INC  
9441 180th Street N  
Hugo, MN 55038

COUNTY: WASHINGTON TELEPHONE (612) - 433 - 3345

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
9441 180th Street N.  
Hugo, MN 55038  
County: WASHINGTON TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0	1	2	3						
0	1	0	9	1	0						
9											

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
(b)(6)	9441-180TH STREET NORTH HUGO MN 55038

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS	2	RABBITS	4
CATS	3	NONHUMAN PRIMATES	0
GUINEA PIGS	0	MARINE MAMMALS	0
HAMSTERS	0	WILD OR EXOTIC MAMMALS	0
OTHER (i.e., farm animals) (List Species and No.)	CALVES 3 (GROSS) TOTAL: 22 (15) CHICKS 2 DUCK 1		

NOT A FOIA DELETION 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.

13. NAME AND TITLE (Type or Print)

14. DATE

2

(b)(6)

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:

Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0179 14419	9-Jun-2009	AMOUNT	DATE RECEIVED
		85. <sup>00</sup>	26 MAY 09 NOV

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
HUGO ANIMAL FARM INC  
9441 180th Street N  
Hugo, MN 55038  
  
COUNTY: WASHINGTON TELEPHONE (612) - 433 - 3345

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
9441 180th Street N.  
Hugo, MN 55038  
County: WASHINGTON TELEPHONE 650 433 4455

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
SAME  
  
PREVIOUS LICENSE NO.:

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST  
  
NONE

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 1 0 8	1	2	3 1 0 8						

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
(b)(6)	9441 - 180TH ST N HUGO MN 55038

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR  
 TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR  
 TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS  
 DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS	2	RABBITS	3
CATS	4	NONHUMAN PRIMATES	0
GUINEA PIGS	0	MARINE MAMMALS	0
HAMSTERS	0	WILD OR EXOTIC MAMMALS	0
OTHER (i.e., farm animals) (List Species and No.)		TOTAL	

NOT A FOIA DELETION

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. (b)(6) 14. DATE 5-15-09

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY  
SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0179 CUST: 14419	09-JUN-2008	885	20MAY08

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Hugo Animal Farm Inc

9441 180th Street N  
Hugo, MN 55038

Telephone: (612)433-3345

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

9441 180th Street N.  
Hugo, MN 55038  
County: Washington

Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2007	31-DEC-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	

DOGS	3	NONHUMAN PRIMATES	-	RODENTS (Do not include lab rats or mice)	
CATS	1	MARINE ANIMALS	-	WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS	15	BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS	3	WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	35

NOT A FOIA DELETION

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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

JUN 01 2010

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0180 32061	13-Jun-2010	AMOUNT \$85.00	DATE RECEIVED 1 June 10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
CITY OF JANESVILLE  
101 N Mott Box O  
Janesville, MN 56048

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
2993 403rd Ave  
Janesville, MN 56048  
County: WASECA TELEPHONE ( )

COUNTY: WASECA TELEPHONE (507) - 234 - 5110

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

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

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 1 0 9	1	2 3	1 0 9						

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  K - Pet Store  L - Broker  
**Zoo**

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
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	CATS	NONHUMAN PRIMATES
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	GUINEA PIGS	MARINE MAMMALS
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	HAMSTERS	WILD OR EXOTIC MAMMALS
	OTHER (i.e., farm animals) (List Species and No.)	TOTAL: 7

White Tail Deer

NOT A FOIA DELETION 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.

(b)(6)

13. NAME AND TITLE (Type or Print)

14. DATE

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0180 32061	13-Jun-2009	AMOUNT 85.00	DATE RECEIVED 02 June 09 ADV

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
CITY OF JANESVILLE  
101 N Mott Box O  
Janesville, MN 56048

COUNTY: WASECA TELEPHONE (507) - 234 - 5110

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
2993 403rd Ave  
Janesville, MN 56048  
County: WASECA TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

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

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 1 0 8	1	2 3	1 0 8						

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS	RABBITS
CATS	NONHUMAN PRIMATES
GUINEA PIGS	MARINE MAMMALS
HAMSTERS	WILD OR EXOTIC MAMMALS
OTHER (i.e., farm animals) (List Species and No.)	TOTAL: 12

White tail Deer 12

NOT A FOIA DELETION 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.

13. NAME AND TITLE (Type or Print) 14. DATE

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE FEES	
	AMOUNT	DATE RECEIVED
CERT: 41-C-0180 CUST: 32061	13-JUN-2008	\$85 21 Aug 08 TB

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

City Of Janesville  
  
101 N Mott Box C  
Janesville, MN 56048

Telephone: (507)234-5110

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

2993 403rd Ave  
Janesville, MN 56048  
County: Waseca

Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

--

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2007	31-DEC-2007

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
GUINEA PIGS	FARM ANIMALS	BEARS
HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

White tail  
Deer  
17

NOT A FOIA DELETION

**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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

AUG 13 2007

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27608  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0180 CUST: 32061	13-JUN-2007	\$75	6/28/07

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

City Of Janesville

101 N Mott Box C  
Janesville, MN 56048

Telephone: (507)234-5110

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

2993 403rd Ave  
Janesville, MN 56048  
County: Waseca

Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

--

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2006	31-DEC-2006

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS		BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	10 whitetail Deer
RABBITS		WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	

NOT A FOIA DELETION

**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 the regulations and standards in 9 CFR, Subpart A, Parts 1.2 and 3. I certify that I am 18 years of age or older.

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY  
SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0180	13-JUN-2006	<del>500</del> 195	26 MAY 06
CUST: 32061			

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

City Of Janesville  
Lakeview Park  
101 N Mott Box 0  
Janesville, MN 56048

Telephone: (507)234-5110

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

2993 403rd Ave  
Janesville, MN 56048  
County: Waseca  
Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2005	31-DEC-2005

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) City

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS	BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR Subpart A. Parts 1, 2 and 3. I certify that I am 18 years of age or older.

*Handwritten signature and date: 5/25/06*

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
 USDA APHIS ANIMAL CARE  
 Eastern Region  
 920 Main Campus Drive  
 Suite 200  
 Raleigh, NC 27606-5210  
 (919) 855-7100

JUL 20 2010

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0183 32591	21-Jul-2010	AMOUNT \$18500	DATE RECEIVED 20 July 10 Vmc

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
 WOODLAND HILLS  
 4321 Allendale Ave  
 Duluth, MN 55803

COUNTY: ST LOUIS TELEPHONE (218) - 728 - 7500 X 145

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
 4321 Allendale Ave  
 Duluth, MN 55803  
 County: ST LOUIS TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
0	1	0 9	1	2	3 1 0 9

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
(b)(6)	SAB 4321 Allendale Ave Duluth, MN 55803

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	[REDACTED]
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	

DOGS		RABBITS	5
CATS	1	NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	4112 birds 11 sheep 5 goats	TOTAL:	26

NOT A FOIA DELETION 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. SIGN (b)(6)

14. DATE 7/14/10

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)

RENEWAL

SEND THE COMPLETED FORM TO:  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0183 32591	21-Jul-2009	195.00	2/25/09 [initials]

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
WOODLAND HILLS - *ADDN: Anne Macaulay*  
4321 Allendale Ave  
Duluth, MN 55803

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
4321 Allendale Ave  
Duluth, MN 55803  
County: ST LOUIS  
TELEPHONE *(218) 728-7500*  
*2145*

COUNTY: ST LOUIS TELEPHONE (218) - 728 - 7500

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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

FROM					TO				
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	
0	1	0 8	1	2	3	1	0	8	

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	5
CATS	1	NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	2160226	TOTAL:	27

NOT A FOIA DELETION 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. SIG (b)(6) 14. DATE 6/18/09

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0183 CUST: 32591	21-JUL-2008	4185	15 Jul 08 JTB

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Woodland Hills  
  
4321 Allendale Ave  
Duluth, MN 55803  
  
Telephone: (218)728-7500

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

4321 Allendale Ave  
Duluth, MN 55803  
County: St Louis

Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2007	31-DEC-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	1	MARINE ANIMALS	1
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR		FARM ANIMALS	19
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)
	5		26

NOT A FOIA DELETION

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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0183 CUST: 32591	21-JUL-2007	A185	02 July 07

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS  
  
Woodland Hills  
  
4321 Allendale Ave  
Duluth, MN 55803  
  
Telephone: (218)728-7500

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable) **TB**  
  
4321 Allendale Ave  
Duluth, MN 55803  
County: St Louis  
  
Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)  
--  
  
(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:  
  
5. TYPE OF LICENSE  
 Class A - Breeder     Class B - Dealer     Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2006	31-DEC-2006

7. TYPE OF ORGANIZATION  
  
 Individual     Corporation     Partnership  
  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block.  
(Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)	WILD/EXOTIC HOOFSTOCK	BEARS	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)
			2			
CATS	1					
GUINEA PIGS						
	FARM ANIMALS			17		
HAMSTERS						
	WILD/EXOTIC CANINES					
RABBITS	8					28

**NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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.

in compliance with the standards and regulations Section 2133.

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

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0184 29944	22-Sep-2009	AMOUNT 195	DATE RECEIVED 21 SEPT 09 AM

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
David Erickson  
11357 Hope Rd Se  
Osakis, MN 56360

COUNTY: DOUGLAS TELEPHONE (320) - 762 - 0184

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
11890 Hope Road Se  
Osakis, MN 56360  
County: DOUGLAS

TELEPHONE (320) - 762 - 0184 ✓

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR
0	1	0 8	1	2	3	1	0	8			

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
David Erickson owner 11357 Hope Rd SE	11357 Hope Rd SE. Osakis, MN 56360

NAME AND TITLE

ADDRESS

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	[REDACTED]
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS	-	RABBITS	14
CATS	2	NONHUMAN PRIMATES	-
GUINEA PIGS	-	MARINE MAMMALS	-
HAMSTERS	-	WILD OR EXOTIC MAMMALS	-
OTHER (i.e., farm animals) (List Species and No.)	26	TOTAL:	42

NOT A FOIA DELETION 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  
(b)(6)

13. NAME AND TITLE (Type or Print)  
owner

14. DATE  
9/15/09

Goats (15)

Lama (3)

alpaca (2)

Deer (1)

Calf (1)

Pig (1)

Sheep (3)

---

26

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE FEES	
	AMOUNT	DATE RECEIVED
CERT: 41-C-0184 CUST: 29944	22-SEP-2008 \$185	23 SEP 08 JP

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

David Erickson

11357 Hope Rd Se  
Osakis, MN 56360

Telephone: (320)762-0184

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

11890 Hope Road Se  
Osakis, MN 56360  
County: Douglas

Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

--

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM

TO

01-JAN-2007

31-DEC-2007

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership

Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

DOGS	0	NONHUMAN PRIMATES	0	RODENTS (Do not include lab rats or mice)	0
CATS	3	MARINE ANIMALS	0	WILD/EXOTIC HOOFSTOCK	4
GUINEA PIGS	0	FARM ANIMALS	24	BEARS	0
HAMSTERS	0	WILD/EXOTIC CANINES	0	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	0
RABBITS	16	WILD/EXOTIC FELINES	0	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

DO NOT USE THIS SPACE - OFFICIAL USE ONLY.  
SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES
CERT: 41-C-0184 CUST: 29944	22-SEP-2007	AMOUNT: \$185 DATE RECEIVED: 24 SEP 07

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

David Erickson

11890 Hope Road Se  
Osakis, MN 56360

*11357 Hope Rd SE*

Telephone: (320)762-0184

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

11890 Hope Road Se  
Osakis, MN 56360  
County: Douglas

Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

*David J. Erickson*

(b)(6)

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

--

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder     Class B - Dealer     Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2006	31-DEC-2006

**7. TYPE OF ORGANIZATION**

Individual     Corporation     Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	1	MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	1
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS		FARM ANIMALS	20	BEARS	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	13	WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	35

NOT A FOIA DELETION CERTIFICATION

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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.

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)

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

RENEWAL

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0185 33769	28-Sep-2009	40.00	21 AUG 09 MDL

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
MINNESOTA APPLE PRODUCERS INC  
~~3010~~ Douglas Ave *3270 Douglas Ave*  
Webster, MN 55088

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
3010 Douglas Ave  
Webster, MN 55088  
County: RICE  
TELEPHONE *(952) 461-3355*

COUNTY: RICE TELEPHONE (952) - 461 - 3355

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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  K - Pet Store  L - Broker  
**Zoo**

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
0	1	0 8	1	2	3 1 0 8

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	<i>3270 Douglas Ave. Webster, MN 55088</i>

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR  
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR  
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS  
DOLLAR AMOUNT OF WHICH FEE IS BASED  
(Sections 2.6 and 2.7)

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

DOGS		RABBITS	1
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.) <i>C2/f-1</i>	<i>602-1</i>	TOTAL:	3

NOT A FOIA DELETION **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 (b)(6) 14. DATE *8-15-09*

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0185 CUST: 33769	28-SEP-2008	AMOUNT <i>AMO</i>	DATE RECEIVED <i>15 SEP 18 08</i>

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Minnesota Apple Producers Inc

3270 Douglas Ave  
Webster, MN 55088

Telephone: (952)461-3355

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

~~3010~~  
3270 Douglas Ave  
Webster, MN 55088  
County: Rice

Telephone:

*We now have this 911 address for this location. WE HAVE NOT MOVED.*

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

--

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2007	31-DEC-2007

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

**9. DEALERS ONLY. Class A or Class B licensees must complete this Block.**  
(Class C Exhibitors go to Block 9)

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS	BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

**NOT A FOIA DELETION CERTIFICATION**

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

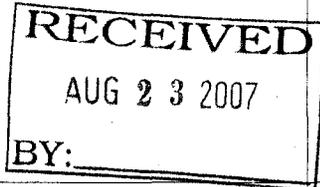
CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES
CERT: 41-C-0185 CUST: 33769	28-SEP-2007	AMOUNT: \$40 DATE RECEIVED: 23 Aug 07

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Minnesota Apple Producers Inc

3270 Douglas Ave  
Webster, MN 55088

Telephone: (952)461-3355



2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

~~3270~~<sup>3010</sup> Douglas Ave  
Webster, MN 55088  
County: Rice

New

Telephone: 952 461 3355

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2006	31-DEC-2006

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	1		
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR			
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)			
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)			
	CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
	GUINEA PIGS	FARM ANIMALS	BEARS
	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
	RABBITS	WILD/EXOTIC FELINES	TOTAL ALL ANIMALS LISTED IN BLOCK 9

NOT A FOIA DELETION CERTIFICATION

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
CERT: 41-C-0185 CUST: 33769	28-SEP-2006	AMOUNT \$10	DATE RECEIVED 14 SEP 2006

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Minnesota Apple Producers Inc  
Nelsons Apple Farm  
3270 Douglas Ave  
Webster, MN 55088

Telephone: (952)461-3355

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

3270 Douglas Ave  
Webster, MN 55088  
County: Rice  
Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2005	31-DEC-2005

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block.

(Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS	BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

NOT A FOIA DELETION 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

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

SEP 20 2005

210 Main Campus Dr.  
Suite 200, Unit 3040  
Raleigh, NC 27606

NEW LICENSE # 33769

LICENSE NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0185	28 SEP 06	\$10	22 SEP 05 784
		\$30	28 SEP 05 784

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
 dba Nelson's Apple Farm  
 3270 Douglas Ave  
 Webster, MS 38988  
 COUNTY: Rice TELEPHONE (662) 461-3355

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)  
 Minnesota Apple Producers, Inc.  
 3010 Douglas Ave  
 Webster, MS 38988  
 COUNTY: TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
 NA

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

PREVIOUS LICENSE NO.  
 5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
1	1	04	2	31	04

7. NATURE OF BUSINESS (Check item(s) that describe nature of your business)  
 petting farm animals  
 A - Zoo  B - Aquarium  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
(b)(6)	

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	1 calf, 1 goat		

CERTIFICATION

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.

and the applicant is in compliance with the standards and regulations Section 2133.

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

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0188 25016	26-Oct-2009	AMOUNT 40	DATE RECEIVED 27 Oct 2009

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Sandra Kendall & Robert Kendall  
1645 Lake Lucy Road  
Excelsior, MN 55331

COUNTY: ~~HENNEPIN~~ CARVER TELEPHONE (952) 470-1175

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
4525 132nd Street  
Glencoe, MN 55336  
County: MCLEOD

TELEPHONE (952) 250-3113

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE

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

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 8	1	2	3 1 0 8						

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  K - Pet Store  L - Broker  
**Zoo**

8. TYPE OF ORGANIZATION

Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Bob Kendall owners Sandy Kendall owners	Same as Block #1 and Block #2 mailing PARV

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS	RABBITS
CATS	NONHUMAN PRIMATES
GUINEA PIGS	MARINE MAMMALS
HAMSTERS	WILD OR EXOTIC MAMMALS
OTHER (i.e., farm animals) (List Species and No.)	TOTAL:
5 REINDEER	5

NOT A FOIA DELETION 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. (b)(6)

13. NAME AND TITLE (Type or Print)  
OWNER - BOB KENDALL

14. DATE  
10/27/09

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0188 CUST: 25016	26-OCT-2008	\$40.00	1/10/08

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Sandra & Robert Kendall

1645 Lake Lucy Road  
Excelsior, MN 55331

Telephone: (952)470-1175

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

4525 132nd Street  
Glencoe, MN 55336  
County: Mleod

Telephone: (952)474-3737

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

Robert J. Kendall  
OR  
Sandy Kendall

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

41-C-0161

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2007	31-DEC-2007

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)	WILD/EXOTIC HOOFSTOCK	BEARS	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)
			Reindeer (2)			
CATS	MARINE ANIMALS					
GUINEA PIGS	FARM ANIMALS					
HAMSTERS	WILD/EXOTIC CANINES					
RABBITS	WILD/EXOTIC FELINES					

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

BEST COPY AVAILABLE

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, DPH  
3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0188 CUST: 25516	26-OCT-2007	\$40.00	19 Nov 07

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Sandra & Robert Kendall

1646 1/2 W. Lucy Road  
Excelsior, MN 55331

Telephone: (952)470-1176

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS. INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

4526 132nd Street  
Glencoe, MN 55336  
County: MeLeod

Telephone: (952)474-3737

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

41-C-0161

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST.

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF EXPIRY (1 MONTH BUSINESS YEAR / CALENDAR OR FISCAL)

FROM

TO

01-JAN-2006

31-DEC-2006

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. (Class A or Class B licensees must complete this block. (Class C Exhibitors go to Block 9))

CLASS A (BREEDER) - LINE OF - % OF THE TO  
CLASS B (DEALER) - LINE OF LINE OF LESS THE AMOUNT PAID FOR THE ANIMALS  
(Section 1.10)

A. TOTAL NO. OF ANIMALS PURCHASED  
IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD  
IN THE LAST BUSINESS YEAR

C. TOTAL DOLLAR AMOUNT RECEIVED FROM  
FROM INTERSTATE AND FOREIGN SALES  
BOOKING FEES, COMMISSIONS, ETC.

D. DOLLAR AMOUNT ON WHICH FEES IS BASED  
(SECTION 1.10 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	NONHUMAN PRIMATES	RODENTS (Do not include guinea pigs)
CATS	MARINE ANIMALS	WILD/EXOTIC HOOD-STOCK <i>Reindeer</i> 2
GUINEA PIGS	FARM ANIMALS	BEARS
HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
RABBITS	WILD/EXOTIC FELINES	TOTAL ALL ANIMALS LISTED IN (9.0-9.9) 2

NOT A FOIA DELETION CERTIFICATION

I hereby certify that the information furnished on this application is true and correct to the best of my knowledge and belief, and that I am in compliance with all regulations and standards to 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101 **7100**

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
CERT: 41-C-0188 CUST: 25016	26-OCT-2006	AMOUNT <b>840</b>	DATE RECEIVED <b>26 OCT 06</b>

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Sandra & Robert Kendall  
1645 Lake Lucy Road  
Excelsior, MN 55331

Telephone: (952)470-1175

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

**4525-132nd STREET  
Glencoe, MN 55336**  
~~2000 West 78th Street~~

~~Chanhassen, MN 55317~~  
County: ~~Carver~~ **MCLEOD**

Telephone: (952)474-3737

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

41-C-0161

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder     Class B - Dealer     Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2005	31-DEC-2005

**7. TYPE OF ORGANIZATION**

Individual     Corporation     Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block.**  
(Class C Exhibitors go to Block 9)

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK <b>2 Reindeer</b> <b>2</b>
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS	BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

**NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

maintaining the date needed, and completing and reviewing the collection of information.

and the applicant in compliance with the standards and regulations Section 2133.

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

**APPLICATION FOR LICENSE**  
(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0192 7725	7-Dec-2009	AMOUNT 85	DATE RECEIVED 30 Nov 09 mmv

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Lee Ann Neamy  
17220 Keystone Avenue  
Hugo, MN 55038

COUNTY: WASHINGTON TELEPHONE (651) - 433 - 5640

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
17220 Keystone Ave  
Hugo, MN 55038  
County: WASHINGTON

TELEPHONE (651) - 433 - 5640

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST  
Down on the Farm Inc  
108 centy Rd 229  
Briggs Texas 78609

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
1	0	0	1	0	8	1	0	0	1	0	9

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  K - Pet Store  L - Broker  
Zoo

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Lee Ann Neamy (owner)	17220 Keystone Ave Hugo MN 55038 April - Oct
	108 centy Rd 229 Briggs Texas Oct - April 78608

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	[REDACTED]
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS	/	RABBITS	/
CATS	/	NONHUMAN PRIMATES	/
GUINEA PIGS	/	MARINE MAMMALS	/
HAMSTERS		WILD OR EXOTIC MAMMALS	/
OTHER (i.e., farm animals) (List Species and No.)	goats 13 sheep 7	TOTAL:	20

NOT A FOIA DELETION 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.

(b)(6)

13. NAME AND TITLE (Type or Print)  
Lee Ann Neamy

14. DATE  
11-21-09

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0192 CUST: 7725	07-DEC-2008	\$85.00	26 NOV 08 JMC

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Lee Ann Neamy

17220 Keystone Avenue  
Hugo, MN 55038

Telephone: (651)433-5640

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

17220 Keystone Avenue  
Hugo, MN 55038  
County: Washington

Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

41-C-0119

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM

TO

01-OCT-2007

01-OCT-2008

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED  
IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD  
IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED  
FROM REGULATED ACTIVITIES (SALES,  
BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED  
(SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS	14	BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS	1	WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	15

NOT A FOIA DELETION CERTIFICATION

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

MAR 3 11 2010

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0196 35195	7-Apr-2010	AMOUNT \$40.00	DATE RECEIVED 30 MAR 10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Steve Porter  
1828 350th Ave  
Lake Bronson, MN 56734

COUNTY: KITTSON TELEPHONE (218) - 754 - 2371

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
1828 350th Ave  
Lake Bronson, MN 56734  
County: KITTSON

TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0	1	2	3						
0	1	0	1	2	3						
0	9	1	0	9	1						

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
Steve Porter, Owner	1828 350 <sup>th</sup> Ave.
Peggy M. Porter, owner	Lake Bronson, MN 56734

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS	RABBITS
CATS	NONHUMAN PRIMATES
GUINEA PIGS	MARINE MAMMALS
HAMSTERS	WILD OR EXOTIC MAMMALS
OTHER (i.e., farm animals) (List Species and No.)	TOTAL: 5

NOT A FOIA DELETION 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.

13. NAME AND TITLE (Type or Print) 14. DATE

(b)(6)

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)

SEND THE COMPLETED FORM TO:  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

RENEWAL

LICENSE NO./CUST NO 41-C-0196 35195	RENEWAL DATE 7-Apr-2009	FEES	
		AMOUNT \$40.00	DATE RECEIVED 09 APR 09 Vme

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Steve Porter  
1828 350th Ave  
Lake Bronson, MN 56734  
  
COUNTY: KITTSON TELEPHONE (218) - 754 - 2371

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
1828 350th Ave  
Lake Bronson, MN 56734  
County: KITTSON  
  
TELEPHONE (218) 754-2371

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 1 0 8	1	2	3 1 0 8						

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

### 9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Steve Porter, owner	1828 350 <sup>th</sup> Ave. Lake Bronson, MN 56734
Peggy M. Porter, owner	

### 10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR  
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR  
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS  
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

DOGS	RABBITS
CATS	NONHUMAN PRIMATES
GUINEA PIGS	MARINE MAMMALS
HAMSTERS	WILD OR EXOTIC MAMMALS
OTHER (i.e., farm animals) (List Species and No.)	5

### 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 R, Subpart A, Parts 1, 2, and 3. I certify that I am over 18 years of age.

(b)(6)

13. NAME AND TITLE (Type or Print)  
Peggy M. Porter, owner  
14. DATE  
4/6/09

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0196 CUST: 35195	07-APR-2008	\$70	10 June 2008

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Steve Porter  
  
1828 350th Ave  
Lake Bronson, MN 56734

Telephone: (218)754-2371

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

1828 350th Ave  
Lake Bronson, MN 56734  
County: Kittson

Telephone: 218-754-2371

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

Steve Porter  
Peggy M. Porter

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

-

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

41-C-0196

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2007	31-DEC-2007

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	5
GUINEA PIGS		FARM ANIMALS		BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS		WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	

NOT A FOIA DELETION

**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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

10. SIGNATURE 11. PRINT NAME 12. SOCIAL SECURITY OR TAX 13. DATE

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)

SEND THE COMPLETED FORM TO:  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

RENEWAL

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0198 6587	26-Apr-2009	\$185.00	28 Apr 09 Vmc

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Tobin Pope  
14842 Sakatah Lake Road  
Waterville, MN 56096  
  
COUNTY: LE SUEUR TELEPHONE (507) - 581 - 1273

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
14842 Sakatah Lake Road  
Waterville, MN 56096  
County: LE SUEUR TELEPHONE (507) 362 8616

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 8	1	2	3 1 0 8						

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  
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR  
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS  
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

DOGS	0	RABBITS	2
CATS	0	NONHUMAN PRIMATES	0
GUINEA PIGS	0	MARINE MAMMALS	0
HAMSTERS		WILD OR EXOTIC MAMMALS	0
OTHER (i.e., farm animals) (List Species and No.) (35) Goats 12 Cow 2 Rabbits 2 Anyons 5 Sheep 6 Pigs 1 Deers 5			

### NOT A FOIA DELETION 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 (b)(6)

13. NAME AND TITLE (Type or Print)  
Tobin Pope (owner)

14. DATE  
4-20-09

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

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0198 CUST: 6587	26-APR-2008	\$145	21 APR 08 JB

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Tobin Pope

14842 Sakatah Lake Road  
Waterville, MN 56096

Telephone: (507)581-1273

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

14842 Sakatah Lake Road  
Waterville, MN 56096  
County: Le Sueur

Telephone:

507-362-8616

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

Tobin Pope

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

41-C-0105

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder     Class B - Dealer     Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2007	31-DEC-2007

**7. TYPE OF ORGANIZATION**

Individual     Corporation     Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	7
GUINEA PIGS		FARM ANIMALS	26	BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS	2	WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	35

NOT A FOIA DELETION

**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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

RECEIVED  
APR 26 2010

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0198 6587	26-Apr-2010	\$ 85.00	26 APR 10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Tobin Pope  
14842 Sakatah Lake Road  
Waterville, MN 56096

COUNTY: LE SUEUR TELEPHONE (507) - 581 - 1273

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
14842 Sakatah Lake Road  
Waterville, MN 56096  
County: LE SUEUR TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.: 41-C-0198-6587

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

5. TYPE OF LICENSE

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

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

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0	1	2	3	1	0	9			

8. TYPE OF ORGANIZATION

Partnership    Corporation    Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS	0	RABBITS	4
CATS	0	NONHUMAN PRIMATES	0
GUINEA PIGS	0	MARINE MAMMALS	0
HAMSTERS	0	WILD OR EXOTIC MAMMALS	0
OTHER (i.e., farm animals) (List Species and No.)	Deer 6	TOTAL:	

NOT A FOIA DELETION 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 (b)(6)

13. NAME AND TITLE (Type or Print)  
Tobin Pope Owner

14. DATE  
4-27-10

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
 USDA APHIS ANIMAL CARE  
 Eastern Region  
 920 Main Campus Drive  
 Suite 200  
 Raleigh, NC 27606-5210  
 (919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0200 36887	13-Jun-2010	AMOUNT \$ 85.00	DATE RECEIVED 20 May 10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
 PAUL BUNYAN LAND LLC  
 17553 St Hwy 18  
 Brainerd, MN 56401

COUNTY: CROW WING TELEPHONE (218) - 764 - 2524

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
 17553 St Hwy 18  
 Brainerd, MN 56401  
 County: CROW WING

TELEPHONE 218-764-2524

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)    B - Dealer    C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM					TO				
MO	DAY	YEAR	MO	DAY	YEAR				
0	6	1 3 0 9	0	6	1 2 1 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
Alon Rademacher - owner ✓ Lois Smude - owner	17553 St. Hwy 18 Brainerd MN 56401

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	4
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	Horse-1 Pig-1 Cat-1 Goat-2 TOTAL: 10		

NOT A FOIA DELETION 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 and I am in compliance with all regulations of the Act, 1, 2, and 3. I certify that I am over 18 years of age.

12. SIGNATURE (b)(6)

13. NAME AND TITLE (Type or Print)  
Lois Smude

14. DATE  
5-19-10

**APPLICATION FOR LICENSE**  
(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:

Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO 41-C-0200 36887	RENEWAL DATE 13-Jun-2009	FEES	
		AMOUNT \$85.00	DATE RECEIVED 04 June 09 UMC

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
PAUL BUNYAN LAND  
17553 St Hwy 18  
Brainerd, MN 56401  
  
COUNTY: CROW WING TELEPHONE (218) - 764 - 2524

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
17553 St Hwy 18  
Brainerd, MN 56401  
County: CROW WING TELEPHONE (218) 764-2524 ✓

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM				TO				
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR
0	6	1 3 0 8	0	6	1 2 0 9			

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  K - Pet Store  L - Broker  
 Zoo

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Alan Rademacher - owner	17553 St. Hwy 18 Brainerd mn 56401
Lois Smude - owner	

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	5
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	Horse - 1 Calf - 1 TOTAL: 12 Pig - 2 Goat - 2 Sheep - 1		

NOT A FOIA DELETION 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 (b)(6)

13. NAME AND TITLE (Type or Print) Lois Smude owner

14. DATE 5-20-09

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

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES
CERT: 41-C-0200 CUST: 36887	13-JUN-2008	AMOUNT: \$75 DATE RECEIVED: 20MAY08

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Paul Bunyan Land  
  
17553 St Hwy 18  
Brainerd, MN 56401  
  
Telephone: (218)764-2524

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

17553 St Hwy 18  
Brainerd, MN 56401  
County: Crow Wing  
  
Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

Alan Rademacher owner  
Gary Rademacher owner  
Lois Smude owner

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**  
--  
  
**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
13-JUN-2007	12-JUN-2008

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block.**  
*(Class C Exhibitors go to Block 9)*

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS	6	BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS	4	WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	10

**NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO 41-C-0202 37964	RENEWAL DATE 24-Aug-2009	FEES	
		AMOUNT 1495.60	DATE RECEIVED 13 JULY 09 ADV

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
MIRON'S MAZES L L C  
32295 Quinlan Ave  
Center City, MN 55012

COUNTY: CHISAGO TELEPHONE (651) - 353 - 0675

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
32295 Quinlan Ave 32295 ✓  
Center City, MN 55012  
County: CHISAGO TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	8	2 4	0	8	2 3 0 9						

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

NAME AND TITLE	ADDRESS

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	[REDACTED]
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

<del>DOGS</del> Goats	4	RABBITS	
<del>CATS</del> calf	1	NONHUMAN PRIMATES	
<del>GUINEA PIGS</del> Mini-horse	1	MARINE MAMMALS	
<del>HAMSTERS</del> piglets	3-4	WILD OR EXOTIC MAMMALS	
OTHER (i.e. farm animals) (List Species and No.)		TOTAL:	10

NOT A FOIA DELETION 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  
[REDACTED] (b)(6)

13. NAME AND TITLE (Type or Print)  
Dana Miron / owner

14. DATE  
7/9/09

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE FEES	
	AMOUNT	DATE RECEIVED
CERT: 41-C-0202 CUST: 37964	24-AUG-2008	18 Aug 2008

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Mirons Mazes L L C  
32295 Quinlan Ave  
Center City, MN 55012

Telephone: (651)353-0675

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

32295 Quinlan Ave  
Center City, MN 55012  
County: Chisago

Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

--

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
24-AUG-2007	23-AUG-2008

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS	BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

8-10

10

**NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0203 38251	14-Sep-2009	AMOUNT 235	DATE RECEIVED 9 SEPT 09 MDV

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Joan Hemker  
Box 262  
Freeport, MN 56331  
  
COUNTY: STEARNS TELEPHONE (320) - 836 - 2426

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
26715 County Road 39, Box 262  
Freeport, MN 56331  
County: STEARNS TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	9	1 4 0 8	0	9	1 3 0 9						

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

### 9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Joan Hemker - owner (b)(6)	26715 Co. Rd 39 Box 262 Freeport, MN 56331

### 10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	(b)(6)
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS	0	RABBITS	1
CATS	0	NONHUMAN PRIMATES	4
GUINEA PIGS	0	MARINE MAMMALS	0
HAMSTERS	0	WILD OR EXOTIC MAMMALS	160
OTHER (i.e., farm animals) (List Species and No.)	Sheep 2 Llamas 1 cow - 1	goats - 3	TOTAL: 173

### 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 (b)(6)	13. NAME AND TITLE (Type or Print) Joan Hemker	14. DATE 8-1-09
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**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0203 CUST: 38251	14-SEP-2008	\$235	26 AUG 08

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Joan Hemker  
Box 262  
Freeport, MN 56331

Telephone: (320)836-2426

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

26715 County Road 39, Box 262  
Freeport, MN 56331  
County: Stearns

Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

Joan Hemker  
(b)(6)

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**  
-

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**  
 Class A - Breeder     Class B - Dealer     Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
14-SEP-2007	13-SEP-2008

**7. TYPE OF ORGANIZATION**

Individual     Corporation     Partnership

Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS		NONHUMAN PRIMATES	5	RODENTS (Do not include lab rats or mice)	2
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	140
GUINEA PIGS		FARM ANIMALS	5	BEARS	
HAMSTERS		WILD/EXOTIC CANINES	4	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	12
RABBITS	3	WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	<del>100</del> 171

**NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

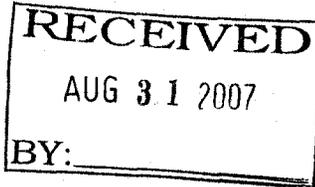
LICENSE RENEWAL

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0203 CUST: 38251	14-SEP-2007	\$ 235	31 Aug 78

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Joan Hemker  
Box 262  
Freeport, MN 56331  
Telephone: (320)836-2426



2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

26715 County Road 39, Box 262  
Freeport, MN 56331  
County: Stearns  
Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

Joan Hemker

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
14-SEP-2006	13-SEP-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	NONHUMAN PRIMATES	6	RODENTS (Do not include lab rats or mice)	2
CATS	MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	130
GUINEA PIGS	FARM ANIMALS	2	BEARS	
HAMSTERS	WILD/EXOTIC CANINES	8	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	10
RABBITS	WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	158

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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)

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

RENEWAL

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0204 37947	19-Oct-2009	AMOUNT 185	DATE RECEIVED 10 OCT 2009

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Donald W. Eveland  
2575 Andover Blvd  
Andover, MN 55304

COUNTY: ANOKA TELEPHONE (763) - 755 - 5123

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable) EVELAND FAMILY FARM ✓  
2575 Andover Blvd  
Andover, MN 55304  
County: ANOKA TELEPHONE (763) 755 5123

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE

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

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
1	0	1 9 0 8	1	0	1 8 0 9						

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    K - Pet Store    L - Broker  
**Zoo**

8. TYPE OF ORGANIZATION

Partnership    Corporation    Individual  
 Other (Specify) \_\_\_\_\_

### 9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Donald W. Eveland Owner ✓	2575 Andover Blvd
(b)(6)	

### 10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	
CATS	1	NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	4P	TOTAL:	42

### NOT A FOIA DELETION 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.

(b)(6)      13. NAME AND TITLE (Type or Print) Don Eveland Owner      14. DATE 10-1-09

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0204 CUST: 37947	19-OCT-2008	\$185. <sup>00</sup>	15 OCT 08

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Donald Eveland  
2575 Andover Blvd  
Andover, MN 55304

Telephone: (763)755-5123

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

2575 Andover Blvd  
Andover, MN 55304  
County: Anoka

Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

*Donald W Eveland*

(b)(6)

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
19-OCT-2007	18-OCT-2008

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS	0	NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS	1	MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS	43	BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS		WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	44

**NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0204	19-OCT-2007	\$185	12 OCT 07
CUST: 37947			RSM

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Donald Eveland  
  
2575 Andover Blvd  
Andover, MN 55304

Telephone: (763)755-5123

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

2575 Andover Blvd  
Andover, MN 55304  
County: Anoka

Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

Donald W Eveland

(b)(6)

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
19-OCT-2006	18-OCT-2007

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)	DOGS	CATS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR		2	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR			FARM ANIMALS	BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS		WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS		WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)
				37

NOT A FOIA DELETION

**CERTIFICATION**

I hereby make application for a license under the Animal Welfare Act / 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 the regulations and standards in 9 CFR, Subpart

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0205 546	13-Nov-2009	AMOUNT	DATE RECEIVED

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
OLMSTED COUNTY OF  
5731 County Road 105  
Byron, MN 55920  
  
COUNTY: OLMSTED TELEPHONE (507) - 775 - 2451

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
5731 Co Rd 105 N W  
Byron, MN 55920  
County: OLMSTED TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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

FROM					TO				
MO	DAY	YEAR	MO	DAY	YEAR				
0	1	0 9	1	2 3	1 0 9				

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	5731 Co Rd 105 NW Byron, MN 55920

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR  
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR  
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS  
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS	Ø	RABBITS	Ø
CATS	Ø	NONHUMAN PRIMATES	Ø
GUINEA PIGS	Ø	MARINE MAMMALS	Ø
HAMSTERS	Ø	WILD OR EXOTIC MAMMALS	53
OTHER (i.e., farm animals) (List Species and No.)	18 (see attached)	TOTAL:	71

NOT A FOIA DELETION 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 (b)(6) or Print) 14. DATE 10.5.09

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

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0205 CUST: 546	13-NOV-2008	\$235	20 Oct 08 JB

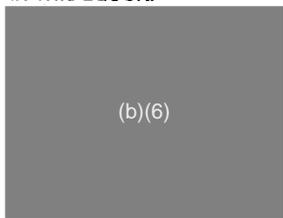
**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Olmsted County Of  
  
5731 County Road 105  
Byron, MN 55920  
  
Telephone: (507)775-2451

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

5731 County Road 105  
Byron, MN 55920  
County: Olmsted  
  
Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**



(b)(6)

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

41-E-0002

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

41-C-0205

**5. TYPE OF LICENSE**

Class A - Breeder     Class B - Dealer     Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2008	31-DEC-2008

**7. TYPE OF ORGANIZATION**

Individual     Corporation     Partnership  
  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block.**  
(Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS	Ø	NONHUMAN PRIMATES	Ø	RODENTS (Do not include lab rats or mice)	21
CATS	Ø	MARINE ANIMALS	Ø	WILD/EXOTIC HOOFSTOCK	24
GUINEA PIGS	Ø	FARM ANIMALS	17	BEARS	1
HAMSTERS	Ø	WILD/EXOTIC CANINES	6	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	6
RABBITS	Ø	WILD/EXOTIC FELINES	2	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	77

NOT A FOIA DELETION    **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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0205 CUST: 546	13-NOV-2007	\$ 235.00	29 NOV 07

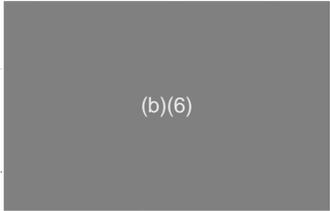
1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Olmsted County Of  
  
5731 County Road 105  
Byron, MN 55920  
  
Telephone: (507)775-2451

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

5731 County Road 105  
Byron, MN 55920  
County: Olmsted  
  
Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.



4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

41-E-0002

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2007	31-DEC-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	Ø	NONHUMAN PRIMATES	Ø	RODENTS (Do not include lab rats or mice)	20
CATS	Ø	MARINE ANIMALS	Ø	WILD/EXOTIC HOOFSTOCK	24
GUINEA PIGS	Ø	FARM ANIMALS	12	BEARS	1
HAMSTERS	Ø	WILD/EXOTIC CANINES	7	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	7
RABBITS	Ø	WILD/EXOTIC FELINES	2	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	73

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0206 36567	12-Feb-2010	AMOUNT \$85.00	DATE RECEIVED 8 FEB 10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
TWINING PHOTOGRAPHY INC  
500 Pine St  
Chaska, MN 55318

COUNTY: CARVER TELEPHONE (952) - 368 - 1941

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
500 Pine St  
Chaska, MN 55318  
County: CARVER

TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE

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

6. DATE OF LAST BUSINESS YEAR

FROM					TO		
MO	DAY	YEAR	MO	DAY	YEAR		
0	1	0	1	0	9	1	2
						3	1
							0
							9

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

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	20
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)		TOTAL:	

NOT A FOIA DELETION 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. (b)(6)

14. DATE 2/4/10

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

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0206 CUST: 36567	12-FEB-2009	\$85.00	06 MAR 09 Vme

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Twining Photography Inc

500 Pine St  
Chaska, MN 55318

Telephone: (952)368-1941

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

500 Pine St  
Chaska, MN 55318  
County: Carver

Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

--

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder     Class B - Dealer     Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2008	31-DEC-2008

**7. TYPE OF ORGANIZATION**

Individual     Corporation     Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
GUINEA PIGS	FARM ANIMALS	BEARS
HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

20

**NOT A FOIA DELETION CERTIFICATION**

I hereby make application for a license under the Animal Welfare Act / 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES
CERT: 41-C-0206 CUST: 36567	12-FEB-2008	AMOUNT: <i>ABS</i> DATE RECEIVED: <i>17 JAN 08</i>

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Twining Photography Inc

500 Pine St  
Chaska, MN 55318

Telephone: (952)368-1941

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

500 Pine St  
Chaska, MN 55318  
County: Carver

Telephone:

*TB*

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

--

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder     Class B - Dealer     Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2007	31-DEC-2007

**7. TYPE OF ORGANIZATION**

Individual     Corporation     Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block.**  
(Class C Exhibitors go to Block 9)

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.8)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS	BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS <b>20</b>	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0207 20602	7-Mar-2010	AMOUNT \$140.00	DATE RECEIVED 25 FEB 10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
IMPACT MAGIC LLC  
9730 St Andrews Dr.  
Elko, MN 55020

COUNTY: SCOTT TELEPHONE (612)-801-3233

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
9730 St Andrews Dr.  
Elko, MN 55020  
County: SCOTT

SEE ATTACHED  
TELEPHONE (612) 801-3233

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
SEE Box 1

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM					TO		
MO	DAY	YEAR	MO	DAY	YEAR		
0	1	0	1	0	9	1	2
				3	1	0	9

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
SEAN Niemiec - Owner (b)(6)	9730 St. Andrews Dr Elko, MN 55020

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	1
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)		TOTAL:	1

NOT A FOIA DELETION 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 (b)(6)

13. NAME AND TITLE (Type or Print) SEAN Niemiec

14. DATE 2/12/2010

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

SEND THE COMPLETED FORM TO: 920 Main Campus Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101 *RSM*

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0207 CUST: 20602	07-MAR-2008	\$40	22 Feb 08

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Impact Magic Llc  
9730 St Andrews Dr.  
Elko, MN 55020

Telephone: (612)801-3233

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

~~180 Rosewood Lane  
Hwy 248 To Sycamir Log Church Rd (Left)  
To Meadowridge N ( Right) To Riverwoods Ln (Right)  
Branson, MO 65616  
County: Taney  
Telephone: (417)336-5024~~  
*9730 St. Andrews Drive  
35 W to Hwy 2 (west) to Keyes (south) to Beard (Right)*

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

(b)(6)

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

43-C-0235

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

41-C-0207

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2007	31-DEC-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership *LLC*  
 Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	1	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS		BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
 USDA APHIS ANIMAL CARE  
 Eastern Region  
 920 Main Campus Drive  
 Suite 200  
 Raleigh, NC 27606-5210  
 (919) 855-7100

MAR 08 2010

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0208 21175	20-Apr-2010	40. <sup>00</sup>	3/6/10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
 NORTH AMERICAN BEAR CENTER  
 P O Box 161  
 Ely, MN 55731

COUNTY: ST LOUIS TELEPHONE (218) - 365 - 7879

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
 1926 Highway 169  
 Ely, MN 55731  
 County: ST LOUIS

TELEPHONE (218) 365-7879

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

21175

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE

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

6. DATE OF LAST BUSINESS YEAR

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

FROM					TO				
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	
0	1	0 9	1	2	3	1	0	9	

8. TYPE OF ORGANIZATION

Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	1926 HIGHWAY 169, ELY, MN. 55731 PHONE 877-365-7879

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
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	CATS	NONHUMAN PRIMATES
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	GUINEA PIGS	MARINE MAMMALS
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	HAMSTERS	WILD OR EXOTIC MAMMALS
	OTHER (i.e., farm animals) (List Species and No.)	TOTAL: BEARS 3

NOT A FOIA DELETION 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.

(b)(6) 14. DATE 3/6/2010

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:

Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0208 21175	20-Apr-2009	AMOUNT \$40.00	DATE RECEIVED 11 mar 09 Vme

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
NORTH AMERICAN BEAR CENTER  
P O Box 161  
Ely, MN 55731

COUNTY: ST LOUIS TELEPHONE (218) - 365 - 7879

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
1926 Highway 169  
Ely, MN 55731  
County: ST LOUIS TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
21175

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 8	1	2	3 1 0 8						

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

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 8	1	2	3 1 0 8						

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	1926 HIGHWAY 169, ELY, MN. 55731 PHONE " 218-365-7879

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS	RABBITS
CATS	NONHUMAN PRIMATES
GUINEA PIGS	MARINE MAMMALS
HAMSTERS	WILD OR EXOTIC MAMMALS
OTHER (i.e., farm animals) (List Species and No.)	Bears 3

NOT A FOIA DELETION 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. (b)(6)

14. DATE 3/3/09

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

APR 07 2008

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES
CERT: 41-C-0208 CUST: 21175	20-APR-2008	AMOUNT: \$210 DATE RECEIVED: 07 APR 08

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

North American Bear Center  
P O Box 161  
Ely, MN 55731

Telephone: (218)365-3409 7879

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

145 Conan Street 1926 Highway 169  
Ely, MN 55731  
County: St Louis

Telephone: 218-365-7879

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

(b)(6)

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

-- 21175

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

41-C-0208

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2007	31-DEC-2007

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership

Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS		BEARS	3
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS		WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
 USDA APHIS ANIMAL CARE  
 Eastern Region  
 920 Main Campus Drive  
 Suite 200  
 Raleigh, NC 27606-5210  
 (919) 855-7100

MAY 13 2010

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0211 39627	14-Jun-2010	AMOUNT \$85.00	DATE RECEIVED 13 MAY 10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
 BEAVER TRAILS CAMPGROUND & RV PARK INC  
 21943 630th Ave.  
 Austin, MN 55912

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
 21943 630th Ave.  
 Austin, MN 55912  
 County: MOWER

TELEPHONE 507 584-6611

COUNTY: MOWER TELEPHONE (507) - 584 - 6611

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

SAME AS ABOVE

PREVIOUS LICENSE NO.:

41-C-0211

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

N/A

5. TYPE OF LICENSE

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

6. DATE OF LAST BUSINESS YEAR

FROM					TO						
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR			
0	1	0	1	0	9	1	2	3	1	0	9

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  K - Pet Store  L - Broker  
 Zoo

8. TYPE OF ORGANIZATION

- Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	21943 630th AVE. AUSTIN, MN. 55912

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR  
 TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR  
 TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS  
 DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	6
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)		TOTAL	25

NOT A FOIA DELETION

## 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

(b)(6)

13. NAME AND TITLE (Type or Print)

(b)(6)

14. DATE

5-6-10

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:

Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-B-0211 10161	10-Jun-2009	AMOUNT 9259	DATE RECEIVED 27 May 09

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
MIDWEST RESEARCH SWINE  
31009 645th Ave  
Gibbon, MN 55335  
  
COUNTY: SIBLEY TELEPHONE (507) - 834 - 6617

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
31009 645th Avenue  
Gibbon, MN 55335  
County: SIBLEY TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM					TO				
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	
0	1	0 8	1	2	3	1	0	8	

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
(b)(6)	31009 645 Ave. Gibbon, MN. 55335

10. DEALER ONLY  
 CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
 CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
 (Sections 2.6)

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

A: TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	(b)(4)	DOGS	RABBITS
B: TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR		CATS	NONHUMAN PRIMATES
C: TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)		GUINEA PIGS	MARINE MAMMALS
D: DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)		HAMSTERS	WILD OR EXOTIC MAMMALS
		OTHER (i.e., farm animals) (List Species and No.)	

CERTIFICATION NOT A FOIA DELETION

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12. SIGN (b)(6) 13. NAME AND TITLE (Type or Print) 14. DATE

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
 Eastern Region  
 920 Main Campus Drive  
 Suite 200  
 Raleigh, NC 27606-5210  
 (919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0211 39627	14-Jun-2009	\$85.00	06 May 09 VMC

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
 BEAVER TRAILS CAMPGROUND & RV PARK INC  
 21943 630th Ave.  
 Austin, MN 55912

COUNTY: MOWER TELEPHONE (507) - 584 - 6611

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
 21943 630th Ave.  
 Austin, MN 55912  
 County: MOWER

TELEPHONE 507 584-6611 ✓

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

SAME AS ABOVE  
 PREVIOUS LICENSE NO.: HI-C-0211

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

N/A

5. TYPE OF LICENSE

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

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

6. DATE OF LAST BUSINESS YEAR

FROM					TO						
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR			
0	1	0	1	0	8	1	2	3	1	0	8

8. TYPE OF ORGANIZATION

Partnership    Corporation    Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	21943 630 <sup>th</sup> AVE AUSTIN, MN 55912
(b)(6)	

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS	RABBITS
CATS	NONHUMAN PRIMATES
GUINEA PIGS	MARINE MAMMALS
HAMSTERS	WILD OR EXOTIC MAMMALS
OTHER (i.e., farm animals) (List Species and No.)	TOTAL: 25

NOT A FOIA DELETION 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

(b)(6)

13. NAME AND TITLE (Type or Print)

(b)(6)

14. DATE

SEC 5-3-09

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
CERT: 41-C-0211 CUST: 39627	14-JUN-2008	AMOUNT \$85	DATE RECEIVED 2/22/08

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Beaver Trails Campground & Rv Park Inc

21943 630th Ave.  
Austin, MN 55912

Telephone: (507)584-6611

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

21943 630th Ave.  
Austin, MN 55912  
County: Mower

Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

(b)(6)

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

--

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM

TO

01-JAN-2007

31-DEC-2007

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.8)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

DOGS

NONHUMAN PRIMATES

RODENTS  
(Do not include lab rats or mice)

CATS

MARINE ANIMALS

WILD/EXOTIC HOOFSTOCK

GUINEA PIGS

FARM ANIMALS

BEARS

HAMSTERS

WILD/EXOTIC CANINES

WILD/EXOTIC MAMMALS  
(NOT LISTED ELSEWHERE)

RABBITS

WILD/EXOTIC FELINES

TOTAL  
(ALL ANIMALS LISTED IN BLOCK 9)

25

**NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

**RECEIVED**  
JUN 30 2009  
BY: \_\_\_\_\_

LICENSE NO./CUST NO 41-C-0212 545	RENEWAL DATE 16-Jul-2009	FEES	
		AMOUNT \$500	DATE RECEIVED 30 JUN 2009

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
MANKATO, CITY OF  
P. O. Box 3368  
Mankato, MN 56002  
  
COUNTY: BLUE EARTH TELEPHONE (507) - 387 - 8646

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
Sibley Park Zoo  
End Of Park Lane  
Mankato, MN 56002  
County: BLUE EARTH TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
0	1	0 8	1	2	3 1 0 9

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) City Government

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS	0	RABBITS	0
CATS	0	NONHUMAN PRIMATES	0
GUINEA PIGS	0	MARINE MAMMALS	0
HAMSTERS	0	WILD OR EXOTIC MAMMALS	0
OTHER (i.e., farm animals) (List Species and No.)	COWS - 5 GOATS - 8 DEER - 2 HORSES - 2		
	TOTAL: 17		

NOT A FOIA DELETION 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 (b)(6)

13. NAME AND TITLE (Type or Print) (b)(6)

14. DATE 6/12/09

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0212 CUST: 545	16-JUL-2008	\$85.00	12 Nov 08 Vme

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Mankato, City O

P. O. Box 3368  
Mankato, MN 56002 3368

Telephone: (507)387-8646

COPY

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

Sibley Park Zoo  
End Of Park Lane  
Mankato, MN 56002 3368  
County: Blue Earth

Telephone: (507)387-8646

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

41-E-0001

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2007	31-DEC-2008

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership  
 Other (Specify) City Entity

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	2	NONHUMAN PRIMATES	0	RODENTS (Do not include lab rats or mice)	0
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	0	MARINE ANIMALS	0	WILD/EXOTIC HOOFSTOCK	0
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	0	FARM ANIMALS	20	BEARS	0
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	0	WILD/EXOTIC CANINES	0	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	0
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	0	WILD/EXOTIC FELINES	0	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	

NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

10. SIGNATURE

(b)(6)

11. PRINT NAME

12. SOCIAL SECURITY NUMBER

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

RECEIVED

OCT 14 2009

BY: \_\_\_\_\_

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0215 41564	28-Sep-2009	AMOUNT 185	DATE RECEIVED 17 OCT 09 MDV

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
WOLVES WOODS & WILDLIFE  
10132 235th St West  
Lakeville, MN 55044  
  
1595 220th St E.  
Farmington, mn.  
55024

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
1595 220th St East Hwy 50  
Farmington, MN 55024  
County: DAKOTA  
  
TELEPHONE ( )

COUNTY: DAKOTA TELEPHONE (612) - 366 - 2574

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

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

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 8	1	2	3 1 0 8						

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    K - Pet Store    L - Broker  
Zoo

8. TYPE OF ORGANIZATION

- Partnership    Corporation    Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	(b)(6)
(b)(6)	10132 235th St W. Lakeville, mn. 55044
	(b)(6)

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	[REDACTED]
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS	19	RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	24
OTHER (i.e., farm animals) (List Species and No.)		TOTAL:	43

NOT A FOIA DELETION 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 [REDACTED] 14. DATE 9-21-09

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0215 CUST: 41564	28-SEP-2008	\$185	28-SEP-08 JB

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Wolves Woods & Wildlife  
10132 235th St West  
Lakeville, MN 55044

Telephone: (612)366-2574

*P.O. Box 378  
Farmington, mn,  
55024*

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

1595 220th St East Hwy 50  
Farmington, MN 55024  
County: Dakota

Telephone: *651-468-7447*

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

(b)(6)

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

---

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

---

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2007	31-DEC-2007

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership

Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS	8	NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS	1	BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	17
RABBITS		WILD/EXOTIC FELINES	4	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	30

**NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

SEND THE COMPLETED FORM TO:

USDA, APHIS, AC  
920 Main Campus Dr  
Suite 200, Unit 3040  
Raleigh, NC 27606

41564

LICENSE NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41C-0015	285x005x	\$175.00	13Sep07

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Wolves-Woods + Wildlife  
10132 235<sup>th</sup> St W  
Lakerville, mn. 55044  
COUNTY: Dakota TELEPHONE 612-366-2574

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)  
Oak + Treasures  
1595 220<sup>th</sup> St E.  
Farmington, mn. 55024  
COUNTY: Dakota TELEPHONE 651-403-7447

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

7. NATURE OF BUSINESS (Check item(s) that describe 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

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
01	01	07	12	31	07

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	10132 235 <sup>th</sup> St W Lakerville, mn. 55044 Same 1595 220 <sup>th</sup> St E. Farmington, mn. 55024

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS	5	RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	29
OTHER (i.e., farm animals) (List Species and No.)			

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 agree to comply with all the 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 (b)(6) 13. NAME AND TITLE (Type or Print) 14. DATE

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

NOV 04 2009

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0216 38631	29-Oct-2009	AMOUNT \$85.00	DATE RECEIVED 4 Nov. 09

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Michael Halvorson  
14447 Hwy 10  
Glyndon, MN 56547

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
14447 Hwy 10  
Glyndon, MN 56547  
County: CLAY  
TELEPHONE ( )

COUNTY: CLAY TELEPHONE (218) - 498 - 2684

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

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

6. DATE OF LAST BUSINESS YEAR 2008

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  K - Pet Store  L - Broker  
Zoo

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 1 0 8	1	2	3 1 0 8						

8. TYPE OF ORGANIZATION

Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Michael Halvorson - owner	
Mindy Jo Halvorson - owner	

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR 0  
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR 0  
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS 0  
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7) 0

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

DOGS	—	RABBITS	—
CATS	—	NONHUMAN PRIMATES	—
GUINEA PIGS	—	MARINE MAMMALS	—
HAMSTERS	—	WILD OR EXOTIC MAMMALS	—
OTHER (i.e., farm animals) (List Species and No.)	9 sheep TOTAL: 11 2 goats 1 llama 1 pig 1 rabbit		

NOT A FOIA DELETION CERTIFICATION

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12. SIGNATURE

(b)(6)

13. NAME AND TITLE (Type or Print)

Michael Halvorson

14. DATE

9-1-09

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE		FEES
	AMOUNT	DATE RECEIVED	
CERT: 41-C-0216 CUST: 38631	29-OCT-2008	\$95	30 Oct 08

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Michael Halvorson  
14447 Hwy 10  
Glyndon, MN 56547

Telephone: (218)498-2684

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

14447 Hwy 10  
Glyndon, MN 56547  
County: Clay

Telephone:

FB

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

Michael Halvorson  
Mindy Jo Halvorson

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

- 41-C-0216

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM

TO

01-JAN-2007

31-DEC-2007

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS	-	NONHUMAN PRIMATES	-	RODENTS (Do not include lab rats or mice)	
CATS	-	MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS	-	FARM ANIMALS	11	BEARS	
HAMSTERS	-	WILD/EXOTIC CANINES	11	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS		WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	11

NOT A FOIA DELETION

**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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

Suite 200, Unit 3040  
Raleigh, NC 27606

# 38631

NEW LICENSE

LICENSE NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0216	29 Oct 08	\$75.00	26 Sep 07 18 Oct 07

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Michael Halvorson  
14447 Hwy 10  
Glyndon MD 26547

COUNTY: CLAY

TELEPHONE: 218, 498-2684

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

Buffalo River Pumpkin Patch  
14447 Hwy 10  
Glyndon MD 26547

COUNTY: CLAY

TELEPHONE: 218, 498-2684

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE

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

7. NATURE OF BUSINESS (Check item(s) that describe 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

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

N/A

6. DATE OF LAST BUSINESS YEAR

2006

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
09	17	06	10	29	06

8. TYPE OF ORGANIZATION

- Partnership                     Corporation                 Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Michael Halvorson	14447 Hwy 10 Glyndon MD 26547

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS	—	RABBITS	1
CATS	—	NONHUMAN PRIMATES	
GUINEA PIGS	—	MARINE MAMMALS	
HAMSTERS	—	WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	Pot Bellie Pish, Goat, calf, Horse, Sheep, Lama		

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 agree to comply with all the regulations and standards in 9 CFR, Subpart A.

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)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

RECEIVED

NOV 19 2009

BY: \_\_\_\_\_

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0217 40227	4-Dec-2009	AMOUNT \$85.00	DATE RECEIVED 19 NOV 09 ✓

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
TWEITES PUMPKIN PATCH  
1821 Frontier Rd Sw  
Byron, MN 55920

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
1821 Frontier Rd Sw  
Byron, MN 55920  
County: OLMSTED  
TELEPHONE 507 365-8035 ✓

COUNTY: OLMSTED TELEPHONE (507) - 365 - 8035

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

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

6. DATE OF LAST BUSINESS YEAR

FROM					TO				
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	
0	1	0 8	1	2	3	1	0	8	

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

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR  
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR  
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

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

DOGS	RABBITS	2
CATS	NONHUMAN PRIMATES	
GUINEA PIGS	MARINE MAMMALS	
HAMSTERS	WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	TOTAL:	7
5 Goats		

DOLLAR AMOUNT OF WHICH FEE IS BASED  
(Sections 2.6 and 2.7)

NOT A FOIA DELETION

**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.

(b)(6)

13. NAME AND TITLE (Type or Print)

Tom Tweite owner

14. DATE

11/15/09

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0217 CUST: 40227	04-DEC-2008	\$85.00	13 NOV 08 Uma

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Tweites Pumpkin Patch

1821 Frontier Rd Sw  
Byron, MN 55920

Telephone: (507)365-8035

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

1821 Frontier Rd Sw  
Byron, MN 55920  
County: Olmsted

Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

--

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2007	31-DEC-2007

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS	5	BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS	2	WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	

NOT A FOIA DELETION

**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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

SEP 12 2007

SEP 26 2007

920 Main Campus Dr  
Suite 200, Unit 3040  
Raleigh, NC 27606

BY:

LICENSE NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C0217	12/4/08	\$75.00	4 OCT 07 29 Oct 07

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Tom Tweite  
1821 Frontier Rd SW  
Byron, MN 55920

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

Tweite's Pumpkin Patch  
1821 Frontier Rd SW  
Byron, MN 55920

COUNTY: Olmsted TELEPHONE (507)-365-8035

COUNTY: Olmsted TELEPHONE (507)-365-8035

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE

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

7. NATURE OF BUSINESS (Check item(s) that describe 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  
 FARM

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
09	28	06	10	28	06

8. TYPE OF ORGANIZATION

Partnership  Corporation  Individual  
 Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Tom Tweite owner	1821 Frontier Rd SW Byron MN 55920

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	0
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	0
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	0
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS		RABBITS	2
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	5 Goats		

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 is true and correct.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0218 42344	21-Feb-2010	AMOUNT 85	DATE RECEIVED 1/5/2010 MDV

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
JOHMAR FARMS LLC  
14330 Ostrum Trail N  
Marine On St Croix, MN 55047

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
14330 Ostrum Trail N  
Marine On St Croix, MN 55047  
County: WASHINGTON TELEPHONE ( )

COUNTY: WASHINGTON TELEPHONE (651) - 433 - 5312

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
0	1	0 1 0 9	1	2 3	1 0 9

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	SAME #1

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)		TOTAL:	9 Reindeer

NOT A FOIA DELETION 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 (b)(6)

13. NAME AND TITLE (b)(6)

14. DATE  
1-6-10

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0218 CUST: 42344	21-FEB-2009	\$85.00	26 Jan 09 VMC

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Johmar Farms Llc  
  
14330 Ostram Trail N  
Marine On St Croix, MN 55047  
  
Telephone: (651)433-4312

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

14330 Ostram Trail N  
Marine On St Croix, MN 55047  
County: Washington  
  
Telephone:

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

--

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2008	31-DEC-2008

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	GUINEA PIGS	FARM ANIMALS	BEARS
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)	RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

9 Reindeer

**NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

Suite 200, Unit 3040  
Raleigh, NC 27606

42344

LICENSE NO.	RENEWAL DATE	FEES	
41-C-0088	21 Feb 09	AMOUNT \$10.00 \$30.00	DATE RECEIVED 26 Dec 07 14 Feb 09

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

John Block - Johmar Farms LLC  
14330 Ostrum Tr No.  
Marine on St. Croix, MN 55047

COUNTY: Washington TELEPHONE (651) 433 5312

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

John Block - Johmar Farms LLC  
14330 Ostrum Tr No.  
Marine on St. Croix, MN 55047

COUNTY: Washington TELEPHONE (651) 433 5312

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

N/A

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

NONE

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE

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

6. DATE OF LAST BUSINESS YEAR *New Business*

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR

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

*Reindeer Visuals*

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) *LLC*

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
John Block - Johmar Farms LLC	14330 Ostrum Tr No Marine on St. Croix, MN 55047

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	<i>5 Reindeer</i>		

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 agree to comply with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am over 18 years of age.

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)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0219 40211	28-Feb-2010	AMOUNT 740.02	DATE RECEIVED 10 FEB 10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Gay Hartfiel  
14853 Seventh Ave Nw  
Andover, MN 55304  
  
COUNTY: ANOKA TELEPHONE (763) - 421 - 9119

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
14853 Seventh Ave Nw  
Andover, MN 55304  
County: ANOKA  
TELEPHONE (763) 421-9119

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
(maybe not necessary)  
PREVIOUS LICENSE NO.: 41-C-0219 for 2009

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0	1	0	9	1	2	3	1	0	9

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

### 9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Gay Hartfiel - owner	14853 7th Ave NW Andover, MN 55304

### 10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	5
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)		TOTAL:	5

### NOT A FOIA DELETION 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. (b)(6)

13. NAME AND TITLE (Type or Print)  
GAY HARTFIEL owner

14. DATE  
2/6/10

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

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0219 CUST: 40211	28-FEB-2009	\$40.00	25 Feb 09 Jmc

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

Gay Hartfiel  
  
14853 Seventh Ave Nw  
Andover, MN 55304  
  
Telephone: (763)421-9119

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

14853 Seventh Ave Nw  
Andover, MN 55304  
County: Anoka  
  
Telephone: 763-421-9119 ✓

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

Gay Hartfiel (owner)  
14853 7th Ave NW  
Andover, MN 55304

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

- N/A

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder     Class B - Dealer     Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM	TO
01-JAN-2008	31-DEC-2008

**7. TYPE OF ORGANIZATION**

Individual     Corporation     Partnership  
  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
GUINEA PIGS	FARM ANIMALS	BEARS
HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)
	5	

**NOT A FOIA DELETION 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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

JAN 1 0 2008

NEW LICENSE

1 FEB 07 2009  
20 Main Campus Dr  
Suite 200, Unit 3040  
Raleigh, NC 27606

40211

LICENSE NO.	RENEWAL DATE	FEES	
41-C-0219	28 Feb 09	AMOUNT \$10.00 \$30.00	DATE RECEIVED 7 Feb 09 26 Feb 09

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
 Gay HARTFIEL  
 Portraits from the Heart  
 14853 7th Ave NW  
 Andover, MN 55304  
 Home 763-421-2157  
 COUNTY: Anoka TELEPHONE BUS: 763 421-9119

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)  
 ← same Portraits from the Heart  
 14853 7th Ave NW  
 Andover, MN 55304  
 COUNTY: Anoka TELEPHONE 763 421-9119

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
 none

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

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR 1996 to Present in business

7. NATURE OF BUSINESS (Check item(s) that describe nature of your business)  
 \* Seasonal - Rabbits for Easter

<input type="checkbox"/> A - Zoo	<input type="checkbox"/> B - Aquariums	<input type="checkbox"/> C - Auction
<input type="checkbox"/> D - Breeder	<input type="checkbox"/> E - Pets	<input type="checkbox"/> F - Roadside Zoo
<input type="checkbox"/> G - Circus	<input type="checkbox"/> H - Animal Acts	<input type="checkbox"/> I - Carnival
<input type="checkbox"/> J - Drive thru Zoo	<input type="checkbox"/> K - Pet Store	<input type="checkbox"/> L - Broker

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
01	01	07			present

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Same as above Gay Hartfiel	14853 7th Ave NW Andover, MN 55304

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS		RABBITS	5
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)			

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...

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
 USDA APHIS ANIMAL CARE  
 Eastern Region  
 920 Main Campus Drive  
 Suite 200  
 Raleigh, NC 27606-5210  
 (919) 855-7100

MAR 18 2010

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0220 39872	17-Apr-2010	AMOUNT \$570.00	DATE RECEIVED 11 MAR 2010

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
 PHOTO MAGIC OF PERHAM INC  
 102 W Main St  
 Perham, MN 56573

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
 102 W Main St  
 Perham, MN 56573  
 County: OTTER TAIL  
 2715 Hwy 293 SW 19  
 Alexandria MN 56308  
 TELEPHONE 326-2141 Perham  
 320-760-1777 Alex

COUNTY: OTTER TAIL TELEPHONE (320) - 766 - 3368

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.:

39872

5. TYPE OF LICENSE

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

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0	1	0	9	1	2	3	1	0	9

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  K - Pet Store  L - Broker  
 Zoo

8. TYPE OF ORGANIZATION

Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	102 W Main St Perham MN 56573

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	401
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	CATS	NONHUMAN PRIMATES	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	GUINEA PIGS	MARINE MAMMALS	
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	HAMSTERS	WILD OR EXOTIC MAMMALS	
	OTHER (i.e., farm animals) (List Species and No.)	TOTAL:	401

NOT A FOIA DELETION

### 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.

(b)(6)

14. DATE

3-12-10

and maintaining the date needed, and completing and reviewing the collection of information.

and the applicant is in compliance with the standards and regulations Section 2133.

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

**APPLICATION FOR LICENSE**  
(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE- OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO 41-C-0220 39872	RENEWAL DATE 17-Apr-2009	FEES	
		AMOUNT \$40.00	DATE RECEIVED 12 mar 09 Ume

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
PHOTO MAGIC OF PERHAM INC  
102 W Main St  
Perham, MN 56573  
  
COUNTY: OTTER TAIL TELEPHONE (320) - 766 - 3368

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
102 W Main St  
Perham, MN 56573  
County: OTTER TAIL  
TELEPHONE ( )  
  
2715 Hwy 29 S Ste 101  
Alexandria mn 56308

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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  
*Photo + 3x200*

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
0	1	0 8	1	2	3 1 0 8

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	102 W Main St. Perham MN 56308

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	2
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	CATS	NONHUMAN PRIMATES	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	GUINEA PIGS	MARINE MAMMALS	
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	HAMSTERS	WILD OR EXOTIC MAMMALS	
	OTHER (i.e., farm animals) (List Species and No.)		

NOT A FOIA DELETION 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.

(b)(6) 14. DATE 3-1-09

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

MAR 06 2008

920 Main Campus Dr  
Suite 200, Unit 3040  
Raleigh, NC 27606

39472

LICENSE NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0220	MAR 09	\$10.00 \$30.00	6 Mar 08 28 Mar 08

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Doug Lunge (b)(6) 102 W Main St.  
Perham MI 56573  
~~26467 555th Ave. Perham MI 56527~~  
~~Dave Creek MA 56527~~

COUNTY: ~~Official~~

TELEPHONE: 320 762-3868

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

Magic Memos - es Photography  
102 W Main St. 2715 Hwy 29 S Unit 101  
Perham MI 56573 M-dwng Mall  
Alexandra MI 56308  
Douglas County  
OFFICIAL  
COUNTY: 213-346-2141 TELEPHONE 320 762-9773

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

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

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

\*Portrait Studio  
 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

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
01	01	08	12	31	08

8. TYPE OF ORGANIZATION

Partnership  Corporation  Individual  
 Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE

ADDRESS

Doug Lunge - President

(b)(6)

102 W Main St.  
Perham MI 56308

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.8 and 2.7)	

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

DOGS		RABBITS	2
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)			

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

## APPLICATION FOR LICENSE

(TYPE OR PRINT)

 RENEWAL

SEND THE COMPLETED FORM TO:  
 USDA APHIS ANIMAL CARE  
 Eastern Region  
 920 Main Campus Drive  
 Suite 200  
 Raleigh, NC 27606-5210  
 (919) 855-7100

JUL 14 2010

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0221 40212	24-Jul-2010	\$185 <sup>00</sup>	14 July 10 Mc

## 1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

~~ALMOST A ZOO~~ Tommy's Zoo + Stables  
 5980 187th Ave Nw  
 Anoka, MN 55303  
 Tommy Guyer

COUNTY: ANOKA TELEPHONE (612) - 964 - 4111

## 2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)

5980 187th Ave Nw  
 Anoka, MN 55303  
 County: ANOKA

TELEPHONE ( )

## 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

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

## 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  K - Pet Store  L - Broker  
 Zoo

## 6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR
0	1	0	1	0	9	1	2	3	1	0	9

## 8. TYPE OF ORGANIZATION

Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

## 9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Tommy Guyer OWNER	5980 187 <sup>th</sup> AVE NW ANOKA, MN 55303

## 10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	12
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	1 Kangaroo 1 camel 1 llama	1 skunk 2 zebu 1 calf 1 deer	3 sheep 11 goats 3 pigs

NOT A FOIA DELETION

## 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

(b)(6)

## 13. NAME AND TITLE (Type or Print)

Tommy's Zoo + Stables

## 14. DATE

7-6-2010

Total

not required, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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)

SEND THE COMPLETED FORM TO:  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

RENEWAL

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0221 40212	24-Jul-2009	AMOUNT \$85.00	DATE RECEIVED 30 June 2009

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
ALMOST A ZOO  
5980 187th Ave Nw  
Anoka, MN 55303  
  
COUNTY: ANOKA TELEPHONE (612) - 964 - 4111

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
5980 187th Ave Nw  
Anoka, MN 55303  
County: ANOKA TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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

FROM				TO							
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR			
0	1	0	1	0	8	1	2	3	1	0	8

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	[REDACTED]
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS		RABBITS	6
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	2
OTHER (i.e., farm animals) (List Species and No.)	TOTAL:		15
	Goats/CALF/Carvel		

NOT A FOIA DELETION 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  
(b)(6)

13. NAME AND TITLE (Type or Print)  
Almost A Zoo

14. DATE  
6-21-2009

5700 187th Ave. NW  
Anoka, MN 55303

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

USDA, APHIS, AC  
920 Main Campus Dr  
Suite 200, Unit 3040  
Raleigh, NC 27606

MAR 04 2008  
40212

LICENSE NO.	RENEWAL DATE	FEES	
41-C-0321	24 Nov 09	AMOUNT \$10.00 \$75.00	DATE RECEIVED 4 Mar 08 [Signature]

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Tommy Guyer  
5980 187th Ave. NW  
Anoka, MN 55303

COUNTY: Anoka TELEPHONE 612 964-4111

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

ALMOST A ZOO  
5980 187th Ave NW  
Anoka, MN 55303

COUNTY: Anoka TELEPHONE 612 964-4111

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE

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

7. NATURE OF BUSINESS (Check item(s) that describe 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

6. DATE OF LAST BUSINESS YEAR

JUST STARTED

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR

8. TYPE OF ORGANIZATION

Partnership  Corporation  Individual  
 Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Almost A Zoo	5980 187th Ave. NW Anoka, MN 55303

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS	10	RABBITS	
CATS	2	NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	1
OTHER (i.e., farm animals) (List Species and No.)	CAMEL 4 CONTS 45 HEAD 2 PUPPETS 45 PIGS		

CERTIFICATION

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

**APPLICATION FOR LICENSE**  
(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO 41-C-0224 37339	RENEWAL DATE 7-Aug-2009	FEES	
		AMOUNT \$85.00	DATE RECEIVED 06 Aug 09 Vme

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
COLLEGEVILLE ORCHARDS LLC  
15517 Fruit Farm Rd  
St Joseph, MN 56374  
  
COUNTY: STEARNS TELEPHONE (320) - 356 - 7609

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
15517 Fruit Farm Rd  
St Joseph, MN 56374  
County: STEARNS  
  
TELEPHONE (320) 356-7609 ✓

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
NA

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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

FROM				TO			
MO	DAY	YEAR	MO	DAY	YEAR		
0	1	0 8	1	2	3	1	0 8

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	Same as block 1

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR  
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR  
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS  
  
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS	0	RABBITS	2
CATS	0	NONHUMAN PRIMATES	0
GUINEA PIGS	0	MARINE MAMMALS	0
HAMSTERS	0	WILD OR EXOTIC MAMMALS	0
OTHER (i.e., farm animals) (List Species and No.)	1-Hung 1-Donkey 5-Goats 4-horses		TOTAL: 20

NOT A FOIA DELETION

**CERTIFICATION** 2 Alpacas 6 Sheep 1 Pig

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 (b)(6)  
13. NAME AND TITLE (Type or Print) (b)(6)  
14. DATE 8/6/09

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

SEND THE COMPLETED FORM TO:  
 USDA, APHIS, AC  
 920 Main Campus Dr  
 Suite 200, Unit 3040  
 Raleigh, NC 27606

# 37339

LICENSE NO.	RENEWAL DATE	FEES	
41-C-0224	07-Aug-09	AMOUNT \$10 \$75.00	DATE RECEIVED 11 OCT 07 11 5 Aug 08 SH

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Todd + Cherie Beumer  
 15517 Fruit Farm Rd  
 St. Joseph, MN 56374

COUNTY: Stearns TELEPHONE (320) 356-7609

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

Same as block 1 15517 Fruit Farm Rd  
 St. Joseph, MN 56374

COUNTY: TELEPHONE (320) 356-7609\*

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

NA

PREVIOUS LICENSE NO.:

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

NA

5. TYPE OF LICENSE

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

7. NATURE OF BUSINESS (Check item(s) that describe 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

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
01	01	07	12	31	07

8. TYPE OF ORGANIZATION

Partnership  Corporation  Individual  
 Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
* Todd Beumer - President	Same as block 1 15517 Fruit Farm Rd St. Joseph, MN 56374 *
Cherie Beumer - vice President	

10. DEALER ONLY

~~TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR~~

~~TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR~~

~~TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS~~

~~DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)~~

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

DOGS	0	RABBITS	1
CATS	0	NONHUMAN PRIMATES	0
GUINEA PIGS	0	MARINE MAMMALS	0
HAMSTERS	0	WILD OR EXOTIC MAMMALS	0
OTHER (i.e., farm animals) (List Species and No.)	1-Hammy 5-Goats	1-Donkey 5-horses	6-Sheep 1-Pig

CERTIFICATION

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

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

OCT 3 11 2009

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0225 26881	28-Oct-2009	85.00	30 NOV 09

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
OKAMAN INC  
43154 Reeds Lake Road  
Janesville, MN 56048

COUNTY: WASECA TELEPHONE (507) - 267 - 4716

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
43978 Reeds Lake Road  
Janesville, MN 56048  
County: WASECA TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE

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

6. DATE OF LAST BUSINESS YEAR

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  K - Pet Store  L - Broker  
Zoo

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 8	1	2	3 1 0 8						

8. TYPE OF ORGANIZATION

Partnership  Corporation  Individual  
 Other (Specify) LLC

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Okaman Inc Don Kaplan - President 43154 Reeds Lake Rd Janesville, Mn 56048	Joyce Kaplan - Vice President 43154 Reeds Lake Rd. Janesville, Mn 56048

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS	RABBITS	2
CATS	NONHUMAN PRIMATES	
GUINEA PIGS	MARINE MAMMALS	
HAMSTERS	WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.) 14	Alpacas Fainting goats	TOTAL: \$ 85.00

NOT A FOIA DELETION 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.

(b)(6)

13. NAME AND TITLE (Type or Print)  
Joyce Kaplan - VP  
14. DATE  
11-22-09

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

920 Main Campus Dr  
Suite 200, Unit 3040  
Raleigh, NC 27606

LICENSE NO. #26881	RENEWAL DATE 28 Oct 2009	FEES	
41-C-0225		AMOUNT \$85.00	DATE RECEIVED 30 Sep 0854

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Okaman Inc.  
43154 Reeds Lake Road  
Janesville, MN 56048

COUNTY: Le Sueur TELEPHONE (507) 267-4714

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

43978 Reeds Lake Rd  
Janesville, MN 56048

COUNTY: Le Sueur TELEPHONE 507 267-4054

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

Same as block 1

PREVIOUS LICENSE NO.: 41-C-0169

5. TYPE OF LICENSE

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

7. NATURE OF BUSINESS (Check item(s) that describe 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

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

NA

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
01	01	08	12	31	08

8. TYPE OF ORGANIZATION

Partnership  Corporation  Individual  
 Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE

ADDRESS

Don + Joyce Kaplan =  
owners

Same as block 1

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED  
IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD  
IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED  
FROM THE SALE OF ANIMALS

DOLLAR AMOUNT ON WHICH FEE IS BASED  
(Sections 2.6 and 2.7)

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

DOGS		RABBITS	2
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	13		

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 agree to comply with all the regulations...

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.

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)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0226 41686	28-Oct-2009	AMOUNT 95-	DATE RECEIVED 8 SEP 29 2009

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
David Lindig  
17495 Cty Hwy 15  
Fergus Falls, MN 56537  
  
COUNTY: OTTER TAIL TELEPHONE (218) - 736 - 5086

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
17495 Cty Hwy 15  
Fergus Falls, MN 56537  
County: OTTER TAIL TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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

FROM				TO			
MO	DAY	YEAR	MO	DAY	YEAR		
0	1	0 8	1	2	3	1	0 8

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
DAVID LINDIG - OWNER	SAME

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR  
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR  
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS  
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

	DOGS		RABBITS	2
	CATS		NONHUMAN PRIMATES	
	GUINEA PIGS		MARINE MAMMALS	
	HAMSTERS		WILD OR EXOTIC MAMMALS	
	OTHER (i.e., farm animals) (List Species and No.) GOATS 1 CATTLE 3 PIGS 2		TOTAL:	21

NOT A FOIA DELETION 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 (b)(6)  
13. NAME AND TITLE (Type or Print) David Lindig Owner  
14. DATE Sept. 2, 2009

Farm Animal Display

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

71686  
920 Main Campus Dr  
Suite 200, Unit 3040  
Raleigh, NC 27606

LICENSE NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0226	28 Oct 2009	\$10.00 \$75.00	26 Aug 08 SH 3 Oct 08 SH

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
David Lindig  
17495 Cty Hwy 15  
Fergus Falls, MN 56537  
COUNTY: Ottertail TELEPHONE 218, 736-5086

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)  
SAME ← 17495 Cty Hwy 15  
Fergus Falls MN 56537  
COUNTY: TELEPHONE ( )  
*Per conversation 9/11/09 OAL*

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
PREVIOUS LICENSE NO.:

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST  
NONE

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

7. NATURE OF BUSINESS (Check item(s) that describe nature of your business)  
 none of below. Farm Animals to view  
 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

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
09	21	07	10	20	07

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
NONE David Lindig	17495 Cty Hwy 15 Fergus Falls MN 56537

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS		RABBITS	2
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	Pigs (2) Cows (1) calves (4) Goats (6)		

### 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

and the applicant is in compliance with the standards and regulations Section 2133.

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

**APPLICATION FOR LICENSE**  
(TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE- OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0227 45428	28-Jan-2010	AMOUNT \$185.00	DATE RECEIVED 16 FEB 10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
CREATURE ENCOUNTERS INC  
8121 158th Lane Nw  
Anoka, MN 55303

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
8121 158th Lane Nw  
Anoka, MN 55303  
County: ANOKA  
TELEPHONE ( )

COUNTY: ANOKA TELEPHONE (763) - 576 - 0450

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

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

6. DATE OF LAST BUSINESS YEAR

FROM TO

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

MO			DAY			YEAR			MO			DAY			YEAR		
0	1		0	1		0	9		1	2		3	1		0	9	

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

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE

ADDRESS

Martha Herbert, owner

8121 158th Ln NW, Ramsey, MN 55303

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR 3

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR 0

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS 0

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	7
OTHER (i.e., farm animals) (List Species and No.)		TOTAL:	7

NOT A FOIA DELETION 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

(b)(6)

13. NAME AND TITLE (Type or Print)

Martha Herbert

14. DATE

1-14-10

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

JAN 27 2009

920 Main Campus Dr  
Suite 200, Unit 3040  
Raleigh, NC 27606

#45428

LICENSE NO.	RENEWAL DATE	FEES	
41-C-0227	28 JAN 2010	AMOUNT	DATE RECEIVED
		\$40.00	27 JAN 09 JM

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
 Martha Herbert / Creature Encounters  
 8121 158th Ln NW  
 Ramsey, MN 55303  
 COUNTY: Anoka TELEPHONE (763) 576.0450

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)  
 Creature Encounters, Inc.  
 8121 158th Ln NW  
 Ramsey, MN 55303  
 COUNTY: Anoka TELEPHONE (763) 576.0450

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
 PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

7. NATURE OF BUSINESS (Check item(s) that describe 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
Martha Herbert - owner	8121 158th Ln NW, Ramsey, MN 55303

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	5
OTHER (i.e., farm animals) (List Species and No.)			

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

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

25863

JUN 08 2009

920 Main Campus Dr  
Suite 200, Unit 3040  
Raleigh, NC 27606

LICENSE NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0229	24 June 2010	\$ 85.00	18 June 09

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
 Darrel & ~~Kathleen~~ Kathy Kotila  
 62235 235 St.  
 Litchfield, Mn. 55355  
 COUNTY: Meeker TELEPHONE (320) 693-2549

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)  
~~Cokato Lake - Cokato, Mn. 55321~~  
 PEANUT BLUFF PETTING ZOO  
 2945 Co. Rd. #4 SW  
 Cokato, Mn. 55321  
 COUNTY: Stearns TELEPHONE (320) 286-5779

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
 41-C-0165 Darrel & Kathleen Kotila  
 DBA Peanut Bluff Petting  
 ZOO  
 PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

7. NATURE OF BUSINESS (Check item(s) that describe 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

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
05	26	08	09	04	08

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Darrel & Kathy Kotila Peanut Bluff Petting ZOO	62235 235 St Litchfield Mn. 55355

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.8 and 2.7)	

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

DOGS		RABBITS	6
CATS	4	NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	1
OTHER (i.e., farm animals) (List Species and No.)	Sheep-5 Goats-2 Donkey-1 Hamster		

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

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

JUL 15 2010

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-C-0230 37027	17-Jul-2010	AMOUNT \$135.00	DATE RECEIVED 15 July 10

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
 THE BEARS DEN RESTAURANT & LOUNGE INC  
 7063 76th St  
 Motley, MN 56466

COUNTY: MORRISON TELEPHONE (218) - 397 - 2412

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
 7268 St Hwy 64  
 Motley, MN 56466  
 County: MORRISON

TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE

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

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
0	1	0	1	2	3
		1			1
		0			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
GARY DAUER PRES. GLENDA DAUER VICE PRES. (OWNERS)	7268 ST. HWY 64 MOTLEY, MINN. 56466
	(b)(6)

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	FARM PIGS TOTAL: 30		

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  
 (b)(6)

13. NAME AND TITLE (Type or Print)  
 GARY R. DAUER (OWNER) PRES.

14. DATE  
 6/9/10

# APPLICATION FOR LICENSE

RECEIVED (TYPE OR PRINT)

JUL 15 2009

NEW LICENSE

BY:

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

THE BEARS DEN REST. & LOUNGE  
7063 76th STR,  
MOTLEY, MINN. 56466

COUNTY: CASS TELEPHONE (218-397-2331)

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

THE BEARS DEN REST. & LOUNGE  
7063 76th STR,  
MOTLEY, MN. 56466

PREVIOUS LICENSE NO.: 41-C-0199

5. TYPE OF LICENSE

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

7. NATURE OF BUSINESS (Check item(s) that describe 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

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE

ADDRESS

(b)(6)

37027

920 Main Campus Dr  
Suite 200, Unit 3040  
Raleigh, NC 27606

LICENSE NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0230	17 July 2010	\$185.00	15 July 09

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

7268 STATE HWY 64  
MOTLEY, MINN. 56466

COUNTY: CASS TELEPHONE (218-397-2492)

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

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
01	01	08	12	31	08

8. TYPE OF ORGANIZATION

- Partnership  Corporation  Individual  
 Other (Specify)

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	PIGS		45

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

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040  
Raleigh, NC 27606  
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 41-C-0199 CUST: 37027	01-JUN-2007	MS	22 Jun 07 JB

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

The Bears Den Restaurant & Lounge Inc

7063 76th St Sw  
Motley, MN 56466

Telephone: (218)397-2331

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

7063 76th St Sw  
Motley, MN 56466  
County: Morrison

Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (if any)

--

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM

TO

01-JUN-2006

31-MAY-2007

7. TYPE OF ORGANIZATION

Individual  Corporation  Partnership

Other (Specify) \_\_\_\_\_

8. DEALERS ONLY. Class A or Class B licensees must complete this Block.  
(Class C Exhibitors go to Block 9)

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED  
IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD  
IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED  
FROM REGULATED ACTIVITIES (SALES,  
BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED  
(SECTIONS 2.6 AND 2.7)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS		BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS		WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	26

NOT A FOIA DELETION

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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

AUG 28 2009

BY:  NEW LICENSE # 33993

AUG 17 2009

Suite 200, Unit 3040  
Raleigh, NC 27606

LICENSE NO. 41-C-0231	RENEWAL DATE 24 Sept 2010	FEES	
		AMOUNT \$ 10.00 \$ 75.00	DATE RECEIVED 28 Aug 09 24 Sept 09

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
 Vincent L. Steffen  
 47418 240th AVE  
 Mazepa MN 55956  
 COUNTY: Wabasha TELEPHONE (507) 843 3033

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)  
 Same as box  
 Apple Ridge Orchard  
 47418 240th AVE  
 Mazepa, MN 55956  
 COUNTY: Wabasha TELEPHONE (507) 843 3033

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
 Same

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST  
 None

PREVIOUS LICENSE NO.:  
 5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
08	15	08	11	01	08

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

<input type="checkbox"/> A - Zoo	<input type="checkbox"/> B - Aquariums	<input type="checkbox"/> C - Auction
<input type="checkbox"/> D - Breeder	<input type="checkbox"/> E - Pets	<input type="checkbox"/> F - Roadside Zoo
<input type="checkbox"/> G - Circus	<input type="checkbox"/> H - Animal Acts	<input type="checkbox"/> I - Carnival
<input type="checkbox"/> J - Drive thru Zoo	<input type="checkbox"/> K - Pet Store	<input type="checkbox"/> L - Broker

Apple Orchard with animals

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Vincent L. Steffen owner	<del>None</del> 47418 240th AVE MAZEPPA, MN 55956
Ann C. Steffen "Husband & wife"	
Abbie	

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS		RABBITS	2
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	Apple's 4 goats 6 sheep 4		

### 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 agree to comply with all the regulations and standards in 9 CFR, Subpart A

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

Suite 200, Unit 3040  
Raleigh, NC 27606

BY: \_\_\_\_\_

NEW LICENSE # 321463

LICENSE NO.	RENEWAL DATE	FEES	
41-C-0232	28 Sept 2010	AMOUNT \$85.00	DATE RECEIVED 24 Sept 09

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
~~Adam + Jodi~~ Dunsmore dba  
 PO Box 114 Dunsmore Family Farm  
 Mora MN  
 COUNTY: Kandakec TELEPHONE (320) 679-0950

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)  
 Dunsmore Family Farm  
 2879 Mahogany St  
 Mora MN 55051  
 COUNTY: Kandakec TELEPHONE (320) 679-0950

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
 PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

7. NATURE OF BUSINESS (Check item(s) that describe 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

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
01	01	09	02	03	09

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
*per conversation w/ Jodi 9/24/09*

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Adam + Jodi Dunsmore owner/operator	PO Box 114 Mora MN 55051

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

DOGS		RABBITS	2
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	2 pigs, 3 goats, 1 sheep		

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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 agree to comply with all the regulations and standards in 9 CFR Subpart A

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

SEP 15 2009

920 Main Campus Dr  
Suite 200, Unit 3040  
Raleigh, NC 27606

BY:

LICENSE NO. 41-C-0233	RENEWAL DATE 29 OCT 2010	FEES	
		AMOUNT \$10.00	DATE RECEIVED 16 Sept 09
		\$30.00	18 OCT 09

NEW LICENSE

322576

ref conversation w/ Deb Livdahl 9/16/09

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Building & Grounds Mgmt. DBA  
12747 3rd St South  
Moorhead, MN 56560  
Haunted Corn Maze

COUNTY: Clay TELEPHONE 218 585 4529

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)  
Pete & Deb Livdahl  
12747 3rd St So  
Mhd. Mn. 56560 Moorhead

COUNTY: Clay TELEPHONE ( Same

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

7. NATURE OF BUSINESS (Check item(s) that describe 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

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
01	01	09	12	31	09

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) Self-Proprietor

### 9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Deb & Pete Livdahl Owner	12747 3rd St So. Mhd Mn. 56560

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)	2 goats 1 calf		

### 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

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

322371

SEP 17 2009

Suite 200, Unit 3040  
Raleigh, NC 27606

LICENSE NO. 41-C-0234	RENEWAL DATE 30 OCT 2010	FEES	
		AMOUNT \$10.00 \$30.00	DATE RECEIVED 16 Sept 09 27 Oct 09

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
(b)(6) - Primary Contact  
Wolf Ridge Environmental Learning Center  
6282 Cranberry Road  
Finland, MN 55603  
COUNTY: Lake TELEPHONE (218) 353-7414

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)  
Wolf Ridge Environmental Learning Center  
6282 Cranberry Road  
Finland, MN 55603  
COUNTY: Lake TELEPHONE (218) 353-7414

3. IF PREVIOUSLY LICENSED NAME AND ADDRESS  
  
PREVIOUS LICENSE NO.:

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
09	01	08	08	31	09

7. NATURE OF BUSINESS (Check item(s) that describe nature of your business)  
 - Education Center  
 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) Non-profit Environmental Education Center

### 9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	Wolf Ridge ELC 6282 Cranberry Rd. Finland, MN 55603

### 10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	3
OTHER (i.e., farm animals) (List Species and No.)	N.A. Porcupine and 2 Big Brown Bats		

### 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 agree to comply with all the regulations and standards in 9 CFR, Subpart A,

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

393078

SEND THE COMPLETED FORM TO:  
**USDA, APHIS, AC**  
 920 Main Campus Dr  
 Suite 200, Unit 3040  
 Raleigh, NC 27606

NOV 20 2009

LICENSE NO.	RENEWAL DATE	FEES	
41-C-0235	19 Jan 2011	AMOUNT \$10.00 \$75.00	DATE RECEIVED 20 Nov 09 15 Jan 10 (me)

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
**Ritz Camera Prolex Portraits**  
 Attn: (b)(6)  
 12680 RIVERDALE BLVD  
 COON RAPIDS, MN 55448  
 CELL: 612-710-6609  
 COUNTY: ANOKA STATE TELEPHONE (763) 427-2471

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)  
 4 LOCATIONS - SEE ATTACHMENT  
 1268 Riverdale Blvd  
 Coon Rapids, MN 55448  
 ← added per phone conversation with Bryan Engstrom 11/30/09

COUNTY: TELEPHONE ( )

2. IF PREVIOUSLY LICENSED - NAME AND ADDRESS  
 (b)(6)

PREVIOUS LICENSE NO.: 41-C-0197

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

5. TYPE OF LICENSE  
 A - Dealer (Breeder)  B - Dealer  C - Exhibitor

7. NATURE OF BUSINESS (Check item(s) that describe 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  
 \* PET PHOTOGRAPHER

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR

8. TYPE OF ORGANIZATION  
 Partnership  Corporation  Individual  
 Other (Specify) \_\_\_\_\_

8. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
(b)(6)	SEE ADDRESS IN LIST (b)(6)
(b)(6)	" " , phone # (b)(6) 12680 Riverdale Blvd Coon Rapids, MN 55448

18. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

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

DOGS		RABBITS	14
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)			

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 agree to comply with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am over 18 years of age.

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

323112

JAN 12 2010

200 Main Campus Dr  
Suite 200, Unit 3040  
Raleigh, NC 27606

LICENSE NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0236	16 Feb 2011	\$10.00 \$75.00	12 Jan 2010 11 Feb 10 VMC

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Kerstin A Hassse  
HASSE FAMILY Enterprises LLC  
~~15712 631st Ave~~  
15712 631st Ave  
Pemberton MN 56078  
COUNTY: Blue Earth TELEPHONE (507) 869-3837

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

HASSE FAMILY ENTERPRISES LLC  
15712 631st Ave  
Pemberton MN 56078  
COUNTY: Blue Earth TELEPHONE (507) 869 3837

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE

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

7. NATURE OF BUSINESS (Check item(s) that describe 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

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

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
01	01	00	12	31	09

8. TYPE OF ORGANIZATION

Partnership  Corporation  Individual  
 Other (Specify) LLC

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE

ADDRESS

Kerstin A Hassse, Owner

15712 631st Ave, Pemberton MN 56078  
Same  
Same

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS	0	RABBITS	7
CATS	0	NONHUMAN PRIMATES	0
GUINEA PIGS	0	MARINE MAMMALS	0
HAMSTERS	0	WILD OR EXOTIC MAMMALS	0
OTHER (i.e., farm animals) (List Species and No.)	Mini pony - 1 Alpaca - 2 Goats - 8 Mini Dowlie - 1 Sheep - 3 Potbellied Pigs - 4		

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 agree to comply with all the regulations and standards in 9 CFR, Subpart A

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

323124

JAN 25 2010

Suite 200, Unit 3040  
Raleigh, NC 27606

LICENSE NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
41-C-0237	04 mar 2011	\$75.00	4 Feb 2010 $\rightarrow$
			02 mar 10 Ymc

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Christian Lilienthal  
38168 248th Street  
Arlington, MN 55307

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

38168 248th Street  
Arlington, MN 55307

COUNTY: Sibley

TELEPHONE (507) 381-0582

COUNTY: Sibley

TELEPHONE (507) 381 0582

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

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

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE

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

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

- |                                             |                                          |                                           |
|---------------------------------------------|------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> A - Zoo            | <input type="checkbox"/> B - Aquariums   | <input type="checkbox"/> C - Auction      |
| <input type="checkbox"/> D - Breeder        | <input type="checkbox"/> E - Pets        | <input type="checkbox"/> F - Roadside Zoo |
| <input type="checkbox"/> G - Circus         | <input type="checkbox"/> H - Animal Acts | <input type="checkbox"/> I - Carnival     |
| <input type="checkbox"/> J - Drive thru Zoo | <input type="checkbox"/> K - Pet Store   | <input type="checkbox"/> L - Broker       |
|                                             | <input type="checkbox"/> Travel exhibit  |                                           |

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR

8. TYPE OF ORGANIZATION

- Partnership     Corporation     Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE

ADDRESS

Christian Lilienthal, Owner

38168 248th Street    Arlington, MN 55307

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)

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

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	Seven
OTHER (i.e., farm animals) (List Species and No.)			

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 agree to comply with all the regulations and standards in 9 CFR Subpart A

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 is received (Section 2132.21); and the applicant is in compliance with the standards and regulations Section 2133.

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

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

**RENEWAL**

**DO NOT USE THIS SPACE - OFFICIAL USE ONLY**

SEND THE COMPLETED FORM TO:  
 USDA APHIS ANIMAL CARE  
 Eastern Region  
 920 Main Campus Drive  
 Suite 200  
 Raleigh, NC 27606-5210  
 (919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
41-B-0002 2814	6-Dec-2009	AMOUNT	DATE RECEIVED
		\$7100-00	9/10/09

**1. NAME(S) OF OWNER(S) AND MAILING ADDRESS**  
 THE BIO CORPORATION  
 3911 Nevada St.  
 Alexandria, MN 56308

COUNTY: DOUGLAS TELEPHONE (320) - 763 - 9094

**2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)**  
 3911 Nevada St.  
 Alexandria, MN 56308  
 County: DOUGLAS

**3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS**

PREVIOUS LICENSE NO.:

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

**5. TYPE OF LICENSE**

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

**6. DATE OF LAST BUSINESS YEAR**

FROM					TO				
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	
0	1	0 8	1	2	3	1	0	8	

**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
(b)(6)	(b)(6)
(b)(6)	(b)(6)

**10. DEALER ONLY**  
 CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
 CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
 (Sections 2.6)

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

A: TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	(b)(4)
B: TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C: TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D: DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)	

DOGS	RABBITS
CATS	NONHUMAN PRIMATES
GUINEA PIGS	MARINE MAMMALS
HAMSTERS	WILD OR EXOTIC MAMMALS
OTHER (i.e., farm animals) (List Species and No.)	

**CERTIFICATION**    NOT A FOIA DELETION

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 (b)(6)    13. NAME AND TITLE (Type or Print)    14. DATE