

**City of Lead**  
**Domestic Chicken License Application**  
(please complete both sides of the form)

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

The following information will be used to contact the Applicant in case of an emergency:

**Emergency Contact:**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**Veterinarian Information:**

Name \_\_\_\_\_

Office Address \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Email \_\_\_\_\_

Number of domestic female chickens requested (6 maximum) \_\_\_\_\_

I hereby certify that the above information is true and correct. I understand and agree to abide by the terms and conditions for a domestic chicken permit. I understand that the application/permit fee is nonrefundable. I understand that failure to comply with regulations/ordinances may result in revocation of the permit and/or subject to criminal penalties prescribed by law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**BACKYARD DOMESTIC CHICKEN COOP SITE PLAN**

Provide your site plan showing the following:

- Location of the coop
- Size of the coop
- Distances from the property lines and other structures
- Statement describing the height of the coop and the type of roof

Provide a list of the planned enclosure materials showing the following:

- Dimensions
- Materials used

<b>City of Lead:</b>	<input type="checkbox"/> <b>\$100 Fee Paid</b>	<b>Receipt #</b> _____
<b>Date Approved</b>	_____	
<b>Approved By</b>	_____	