city of NEW BRIGHTON
the city that works for you

Registration for Fowl & Bees

☐ FOWL ☐ BEES

Name (Responsible person): _____
First *Middle* *Last*

Phone: ( ) _____ Cell: ( ) _____ E-mail: _____

Physical Address: _____
(Where fowl are kept)

Mailing Address: _____

City: New Brighton State: Minnesota Zip: 55112

Fowl: ***Check ALL that apply.***

The keeping of fowl shall not exceed a total of six (6) per property on all property throughout the City. Sec. 6-201.

Disposal of fowl waste and feces per Sec.6-138

- ☐ Chickens #_____
- ☐ Game Birds (chuckers, pheasants, quails) #_____
- ☐ Ratites (ostriches, emus) #_____
- ☐ Turkeys # _____
- ☐ Waterfowl (ducks, geese, swans) #_____
- ☐ Pigeons or Doves: # _____
- ☐ Other_____

Bees:

- ☐ Number of hives: _____
- ☐ Water source for bees: _____

Other: _____

- Applicants agree to maintain the property in sanitary conditions pursuant to New Brighton City Code.

I have read and understand City Code FOWL & BEES Chapter 6; Article 8 of the Municipal Code *(copy attached).*

Completed by: _____ _____ _____
(Signature) *(Print name)* *(Date)*

Mail your registration to:
City of New Brighton
Attn: Code Compliance Inspector
803 Old Hwy 8 NW
New Brighton, MN 55112
Email:scott.gigrich@newbrightonmn.gov
Office: 651-638-2061
Fax: 651-638-2044