

**CHICKEN OR RABBIT LICENSE APPLICATION**

**CITY OF ATTICA**

Main Street  
Attica, Indiana 47918

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**Licensee/Applicant Information:**

Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

First Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Email: \_\_\_\_\_

**Permit Address (where backyard Chickens or Rabbits will be housed):**

Address: \_\_\_\_\_

City: **Attica** State: **Indiana** Zip Code: **47918**

**Payment Information:**

Full payment of \$5.00 must accompany this application.

**IMPORTANT, READ BEFORE SIGNING**

By signing this application I agree to observe and follow all the requirements placed upon me by City Ordinance 6-69. I acknowledge that violating any of the provisions of this ordinance is punishable by an Ordinance violation and the City may seek an injunction in the Fountain Circuit Court.

Applicant Signature: \_\_\_\_\_