

□ Building Department Approval

8348 Wellington Road 124 P.O. Box 700

Rockwood ON N0B 2K0 Tel: 519-856-9596

Fax: 519-856-2240 Toll Free: 1-800-267-1465

Kennel Application Form

 This form is part of your application – please attach additional requested documents at time of application.

Date Received	l:							
Kennel Type		Fee						
Breeding Kennel			□ New \$500.00			□ Renewal \$250.00		
Boarding Kennel			□ New \$500.00			□ Renewal \$250.00		
Personal information on this form is collected under the legal authority of the Municipal Act, S.O. 2001, c.25 as amended. The information is collected and maintained for the purpose of creating a record public pursuant to Section 27 of the Municipal Freedom of Information and Protection of Privacy Act. Questions about this collection should be directed to the Clerk's Office. 519-856-9596 ext. 125.								
Applicant Information								
Full Name	Last			Fi	rst			MI
	Street Name & Nun	nber					РО Вох	
Address	Apt #		City/Town				Postal Code	
	Apt #		City/ Town					Postal Code
Home Phone:				Business Ph	hone:			
E-mail:								
Kennel Name:								
Kennel Address:								
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	uired Inform		For You	ir Applicat	tion -	- NEW KE	NNELS	
□ Documentation	Proving Land O	wner						
□ What is the Primary Agricultural Use On The Property?								
The kennel use must be secondary to the agricultural use □ Kennel Floor Plans								
□ Planning Department Sign-Off On Zoning								
□ Site Plan Appro								

Required Information For Your Application – RENEWAL AND NEW KENNELS							
□ Completed Application	n Form						
□ License Fee (cash, ch	eque, debit)						
If this is a Renewal License, have you expanded the operation? □ Yes □ No If yes, please provide details:							
□ Dog Licenses for dogs permanently living at address(mandatory purchase at time of application)							
□ Boarding Kennel – Insurance Certificate (minimum limit of \$2,000,000)							
 Breeding Kennel – Proof of Membership Canadian Kennel Club Other 							
 Police Information Check (dated within 60 days of application) Yearly for Owners/Operators Staff – 1st year of employment, every 3rd year after 							
□ Complete list of all dogs or cats kept on premises stating: • name, breed, age, and sex							
 Current veterinary reports for all dogs or cats kept on premises showing the following: that all vaccinations are up to date the dogs are cats are in good health; and Breeding Kennels – the number of times per year that the dogs were bred 							
	Signature of Applicant						
	Signature of Applicant						
I,, hereby declare that the above information is correct, that I have read and understood the provisions contained in By-Law #04-2017 of the Township of Guelph/Eramosa and agree to abide by these and any other applicable by-laws pertaining to Kennels.							
Signature	 Date	Date					
FOR OFFICE USE: Department Sign Off:							
Planning Department	Signature:	Date:					
Building Department	Date:						
Clerk's Department Signature:		Date:					