

19000 Leslie Street Sharon, ON LOG 1V0 905-478-4282

Kennel and Animal Daycare Centre Licence Application

Date Received:	Licence Number:	
Classification	KennelAnimal Daycare	
	New Renewal	
Applicant Information:		
Full Name:		
Address:		
Home Phone #: Business Phone #:		
Email:		
Kennel Name:		
Type of Kennel: OBoarding Bree	eding Training	
Property Information:		
Owner's Names (s):		
Municipal Address:		
Legal Description (Lot/Concession/Plan):		
Assessment Roll Number #:		
Mailing Address (if different than municipal address)		
Property Zoning:		
Size of Property: Acreage:Front	tage:Depth:	
Application Requirements:		
Completed Application Form		
Kennel Floor Plans (new application only)		
Planning Department Sign-off on Zoning (new application only)		
A site plan (new application only)		
lot information		
building dimension		
kennel location		
setbacks from property lines		
 setbacks from buildings on adjacent lots 		
type of fencing		
 number of dogs to be kept at any time 		
Kennel/Animal Daycare Centre information		
Dogs outside run		
Dog inside run area		
Proof of Insurance (minimum limit of \$2,000,000)		
Licence Fee		

Declaration:		
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I hereby certify that the information given in this application is true and correct, that I have not		
been convicted under the Criminal Code of Canada for animal abuse, that I can provide the		
necessary proof of insurance, and that I agree to abide by the provisions of all applicable		
Municipal By-laws and Provincial and Federal Statutes. I understand that my kennel/animal		
daycare centre may be inspected by a By-law Officer, or persons(s) authorized to ensure		
compliance with the applicable rules/legislation, and I consent to such inspection.		
compliance than the applicable rates, regionation, and reconsting to saon inspection.		
Applicant Signature:	Date:	
Applicant Signature:	Date.	
Personal information is collected on this form under the authority of the Municipal Act, s. 11. The purpose of this collection is to administer the Kennel/Animal Daycare Centre. The personal information provided on this form is protected in accordance with Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) Part II. Should you have any questions or concerns regarding the collection of personal information, please contact the Clerks Department, Town of East Gwillimbury, 19000 Leslie Street, Sharon, LOG 1V0, (905)478-4282.		
Office use Only:		
All documents received: yes one one		
Planning Department signature:		
Approving signature:		
Business Licence #		