

**Please print**

Resident Name:	Phone Number:	
Street Address:		
City:	Province: ON	Postal Code:
EMAIL ADDRESS:		

**Any person requesting a Kennel Licence will need to provide a current site plan.  
The property must be zoned to permit a kennel in accordance with the  
Township's current Comprehensive Zoning By-law.**

Application is hereby made to operate a Kennel for:

\_\_\_\_\_ (Breed of Dog)                      \_\_\_\_\_ (Number of Dogs)

Canadian Kennel Club No. \_\_\_\_\_  
(Copy of Registration attached if applicable)

**Kennel Licence Fee in accordance with the Current Fees and Charges By-Law as follows:  
Before April 30<sup>th</sup>: \$150.00  
After April 30<sup>th</sup>: \$250.00**

**Dog Licensing Terms and Conditions**  
Dog Licenses or Kennel Licenses must be renewed annually in accordance with the Animal Control and Fees and Charges By-law in effect at the time of renewal, but no later than April 30<sup>th</sup> of each year or within seven (7) days of becoming an owner of a dog. Dog owners must comply with all Animal Control by-laws currently in effect. For more information visit: <http://www.mcnabbraeside.com/municipal-services/municipal-office/animal-control/>

**Notice of Collection of Personal Information**  
Personal information collected on this form will be used by Township staff and/or by-law enforcement officers in responding to dogs found; the enforcement of animal control and any other related by-laws; and the collection of any outstanding dog licensing fees and renewals. It may also be used for statistical purposes related to animal control and by-law enforcement.

*I hereby certify that the information I have provided in this dog licensing process is true and accurate to the best of my knowledge. I agree to the dog licensing terms and conditions and consent to the use of this dog licensing information collected for the purposes specified.*

Signature	Date

**INTERNAL USE ONLY**

Payment Date: \_\_\_\_\_ TAG #s \_\_\_\_\_

Current Zoning of Property: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Chief Building Official \_\_\_\_\_