

Application for Kennel Licence Haldimand County By-law 1396/13

Annual Business Licence Application											
☐ New ☐ Purebre			ed kennel 🗆 Rescue								
☐ Renewal		☐ Comme	ercial	kennel							
Applicant Information											
First name:			Last name:								
Street address:			Pho	ne number:							
City, province:	Postal code:		Email:								
Kennel Information											
Business name:			Pho	ne number:		F	mail:				
Business name:			Thone number.				Linaii.				
Street address:			Alternate contact (if dog impounded):								
Street address.			The state of the s								
City, province:	Postal code:		Alternate contact phone number:								
				_							
Canine information (pleas		16 weeks									
Maximum numbers of *canir (*not including personal pets)	nes on premises:			Number of ca	anines	that are	personal pets:				
Description of Canines (pleas	se include canines 1	.6 weeks o	r old	er):							
Name & Microo	chip #	Bree	d	Colour	Sex	Spay / Neuter	Rabies Vaccine (DD/MMM/YY)	Tag # Issued			
Name:						Neuter	(DD) WIIVIIVII (17)	133464			
Microchip #:											
Name:		-									
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Description of Canines (please include canines 16 weeks or older) continued:											
Name & Microchip #		Breed	k	Colour	Sex	Spay / Neuter	Rabies Vaccine (DD/MMM/YY)	Tag # Issued			
Name:											
Microchip #: Name:											
Microchip #:											
*If you have additional dogs, please a	ttach a sep	oarate she	et								
Please indicate if any of the canines listed above are attack trained or dangerous (list names):											
Declaration:											
The undersigned acknowledges it is their responsibility to ensure that the person, premises or operation to be licensed complies with any applicable Haldimand County by-laws. The undersigned hereby certifies that the information provided in this application is true and complete, and that any false information may result in the revocation of any licence issued. Applicant's signature: Date:											
Applicant 3 signature.	Date.										
The approvals below must be obtained and submitted with your application. Please note that renewal applicants do not need to complete Step 1 and 2 (unless your site plan has changed significantly). Please note that all approvals must be obtained prior to submitting your application package. Applicants are responsible for arranging all applicable inspections. Your application package must be complete and contain all of the required documentation at the time of submission. Applications with missing information will be returned to the applicant. A late fee surcharge will be applied to any licence application found to be non-compliant with the deadline, expiry dates or specific time requirements as provided for within the by-law to which said licence applies.											
provided for within the by-law to which said licence applies. □ Step 1. Approval from Haldimand County Building Division (initial applications only) Please submit a site plan (detailed drawing of the premises showing location of kennel in relation to the dwelling unit, neighbouring dwelling, dog runs, fencing and other buildings on the premises) to the Building Division to determine zoning and location of kennel. Email for all inspection requests/letters of approval: building@haldimandcounty.on.ca (905) 318-5932 ext. 8300											
☐ Step 2. Approval from Haldimand County Bylaw Division (initial applications only) Email for all inspection requests/letters of approval: bylaw@haldimandcounty.on.ca											
☐ Step 3. Written permission from the registered owner of the property, if the property is owned by someone other than the applicant											
☐ Step 4. Approval from the Niagara SPCA and Humane Society to book an inspection. 1-888-222-0568 (selection option 3 − Animal Control)											
To be completed by Animal Control Se	rvices Offi	cer									
I have inspected the kennel located at			this a	pplication a	nd fou	nd it to b	e in compliance.				
□ Objection											
Animal Services Officer name (print):	Animal Services Officer signature:				D	ate:					
To be considered by Helding and County Function											
To be completed by Haldimand County Employee Completed application received prior to December 31st Licence Fee KENNL Completed application received after December 31st Late Fee KENLF *Payment of fee does not guarantee issuance of licence											
County employee signature:			Date:								
To be completed by Licensing Officer											
☐ Approved			☐ Refused								
Licensing Officer signature:		Date:									
Licence #											

Personal Information on this form is collected under the authority of the Municipal Act, S.O. 2001, c.25 and will be used to process this application in order to determine eligibility to be licensed to operate a kennel within Haldimand County. The information on this form may be disclosed to other agencies for the purposes of processing this application. Any other disclosure of this information is governed by the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.M. 56. Inquiries may be directed to the Licensing Officer at 905-318-5932 or licences@haldimandcounty.on.ca.