



TOWNSHIP OF SEVERN

DOG KENNEL LICENSE APPLICATION FORM

Applicant Name: _____

Kennel Name: _____

Civic Address: _____

Email Address: _____

Phone: _____ Cell #: _____

Type of Kennel:

Indicate one (1) type of Kennel only. If there is more than one kennel on the property, each Kennel will require a separate license.

Pure Bred (\$35) _____ **Working Dogs (\$50)** _____ **Boarding Kennel (\$50)** _____

Type of Breed _____

of Dogs _____

Registered with (i.e. professional club/association) _____

In the event your dog is found by a neighbour, do you give authorization to the Township of Severn to share your phone number? Y or N (Please circle)

SIGNATURE OF APPLICANT: _____ DATE: _____

Personal information submitted is collected under the authority of the municipal act, s.o. 2001, and The Municipal Freedom of Information and Protection of Privacy Act, and will be used to determine eligibility of issuance for a kennel license, and enforcement of legislation governing same

OFFICE USE ONLY

		Y	N
PLANNING ACT	Zoning of Property:		
	Site Plan:		
	Other:		
	Planning Act Approval:	Date:	
BYLAW	Site Inspection:		
	OSPCA Review		
	Dog Kennel License Fee:	\$	
	By-Law Officer Approval:	Date:	