



For office use only	
Date received:	_____
Inspection date:	_____
Zoning:	_____ Confirmed by: _____ Staff initials
Roll No. 4205	_____
Fee received:	<input type="checkbox"/> Receipt No. _____
License No:	_____
Date issued:	_____

Kennel Application Form

Municipality of West Grey Bylaw 87-2009

Owner/Operator Information				
Name:	Last	First	MI	
Kennel name:	_____			
Phone number:	_____	Business number:	_____	
Email:	_____			
Address:	Street number and street name			PO box
	City/town	Postal code	Location of kennel on property (i.e. behind the house)	
Number and size of pens:	# of pens	Width	Length	Height
If not a uniform size please detail size of each on additional pages				
Construction of facility:	Type of building			
Breed of dog:	_____	Number of dogs:	Kept in kennel at any time during next 12 months	
Signature of Applicant				
I, _____, hereby declare that the above information is correct, that I have read, understood, and agree to abide by the provisions of Bylaw #87-2009 of the Municipality of West Grey.				
_____ Signature			_____ Date	

Municipal Freedom of Information and Protection of Privacy Act:

Personal information on this form is collected under the legal authority of the Municipal Act 2001, as amended. This information is collected for the sole purpose of preparing a kennel licence and maintaining municipal records regarding kennels. Questions about the collection of information may be directed to the Clerk at 519-369-2200 ext. 229, attn.: Clerk, 402813 Grey Rd 4, Durham, ON N0G 1R0