

APPLICATION FOR KENNEL PERMIT

RECREATIONAL \$50.00 KENNEL \$100.00

KENNEL BUSINESS NAME: _____

BUSINESS OWNER: _____

BUSINESS ADDRESS: _____

OWNER PHONE, CELL, FAX, E-MAIL if applicable:

NUMBER OF ANIMALS TO BE REGISTERED WITH THE CITY OF QUINTE WEST: _____

EXPIRY DATE: _____

ISSUE DATE _____

REFUSAL DATE: _____

REVOCAION DATE: _____

I hereby allow, at any reasonable time, and with notification, an animal control officer or other authorized employee or agent of the City to inspect the property, other than any room or place used as a dwelling, to determine whether all requirements of this by-law are being complied with.

OFFICE USE ONLY	
INSPECTIONS REQUIRED	APPROVED BY
PLANNING DEPARTMENT - -Zoning	
FIRE DEPARTMENT	
HEALTH UNIT	
MUNICIPAL ENFORCEMENT - Property Standards - DOLA Convictions - By-law Convictions	

SIGNATURE OF APPLICANT

DATE

***TO BE RENEWED NO LATER THAN DECEMBER 31 EVERY YEAR BY SUBMITTING PAYMENT TO THE LICENSING OFFICE WITH APPLICATION.**