



THE CORPORATION OF THE TOWN OF MILTON

150 Mary Street
Milton, Ontario, L9T 6Z5
(905) 878-7252 ext. 2133

KENNEL LICENCE APPLICATION

Year: _____ Renewal: _____ New: _____ Transfer of Ownership _____

Owners Name: _____

Owners Address: _____ Postal Code: _____

Telephone No. _____

Name of Kennel: _____

Address of Kennel: _____

Telephone # if different from owner: _____

Type of Kennel: Boarding Only _____ Breeding Only _____ Boarding & Breeding _____

No. of Years in Operation: _____

Is Kennel registered with Canadian Kennel Club: (Yes) _____ (No) _____

No. Years in Boarding Kennel Business: _____

No. Years in Breeding Kennel Business: _____

Type of Dogs Bred: _____ No. Litters per Year: _____

No. Dogs kept for purposes other than breeding: (Males) _____ (Females) _____

No. of Dogs Kept for Breeding Purposes: (Males) _____ (Females) _____

No. of Dogs Boarded during average year: (Males) _____ (Females) _____

No. of Pens or Runs in Kennel: (Pens) _____ (Runs) _____

I/We hereby acknowledge that I/we have been provided with a copy of and have read and understand the regulations as set out in Town of Milton By-law No. 111-2004, as amended and understand that the Town of Milton will investigate any cruelty to animal charges and/or convictions before the issuance of a kennel licence. I/We also acknowledge that personal information collected as part of the application process for licenses is subject to release to the Chief Constable as and when requested by him or her.

Date: _____ Signature of Owner: _____

Please note the Rates and Fee's Schedule of the User Fee By-law on the website. For **Expedited Service a 10%: \$10.00 minimum fee will be applied.

** A fee for expedited service will apply when business licenses are issued within 48 hours of receiving a complete application package. The fee for expedited service will be 10% of the fee for the license/letter, with a minimum charge of \$10, as set out in the schedule of user fees, as amended from time to time.

In accordance with Town of Milton By-law No. 111-2004, as amended, the following **must** accompany your application:

Application Fee (2010 Rate, \$300.00) _____

Inspection by Town of Milton By-law Enforcement Officer: _____

Health Department Certificate: (**mandatory on new applications**) _____

(Renewals - If Deemed necessary by Enforcement Office) _____

New Applications and Transfers must be deemed Zoning Appropriate
In accordance with the Town of Milton's Zoning By-law. Please provide
a location map with the distance to the nearest home. _____

All personal information on this application is collected pursuant to Section 150 of the Municipal Act, 2001, S.O. 2001, c. 25 as amended, and will be used to assess eligibility for a business license and the information may be provided to the Chief Constable upon request. If you have any questions regarding the collection and use of this information please contact the Licensing Administrator, Town of Milton 43 Brown Street, Milton ON L9T 5H2 (905) 878-7252 ext. 2133.