



450 Park Street
Victoria Harbour, ON
L0K, 2A0, Canada
705-534-7248
www.tay.ca

KENNEL LICENSE APPLICATION

New Application Renewal Application

Kennel/Applicant Information

Kennel Name:

Owner:

Phone Number:

Email:

Kennel Address:

Mailing Address:

*If different from
Kennel Address*

*If applicant is not the property owner, please complete the following:

Applicant Name: _____ Position: _____

Phone Number: _____ Email: _____

Type of Kennel

Breeding

Boarding

Hobbyist

Adoption

Grooming

Professional Affiliation of Owner or Operator

I am an affiliate of the Canadian Kennel Club YES NO

If yes, provide CKC number:

NEW APPLICATIONS ONLY

Have you met with the Township of Tay Planning Department? YES NO

Does your property meet the Township of Tay zoning requirements? YES NO

I have included a detailed site plan with this application. YES NO

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Declaration

I, _____ hereby declare that the above information is true and complete to the best of my knowledge. I understand that a false statement or omission may lead to charges under the Township of Tay Canine Control Bylaw.

Signature: _____ Date: _____

Notice of Collection/Use/Disclosure : Personal information is collected in this application pursuant to Section 8 and 11 of the Municipal Act, 2001 and will be used in the event of dogs at large, incidents/complaints related to dogs and for the purpose of processing billing related to dog tags. Questions about the collection of personal information should be directed to the Municipal Clerk, Township of Tay, 450 Park Street, Victoria Harbour, ON L0K 2A0 705-534-7248 ext. 240.

* Office Use Only*

Municipal Law Enforcement Comments:

Planning and Development Comments:

Receipt #: _____

Date: _____
(MM/DD/YYYY)

Status of Application: ☐ APPROVED ☐ DENIED

License Number:

Issue Date:

Issuing Officer: