



Township of Essa
SUPPLEMENTAL KENNEL & BREEDING APPLICATION FORM

Name of Kennel: _____

Breed (s) of Dogs the license being applied for: _____

Please select the applicable type of kennel:

Boarding Only Kennel
 Breeding Only Kennel
 Boarding and Breeding Kennel

Are there any other household dogs that are pets? Yes No If yes, how many: _____

Number of boarding spaces available? _____

Kennel to be operated by same as registered owner? Yes No If no, please specify: _____

Total number of dogs kept permanently on the property? (maximum of 15) _____ *Please complete the dog registration found on page 2 of this application.

Full name of property owner _____

Mailing Address (including postal code) _____

Legal Description of the property: _____

Does the kennel structure abut any properties which have a kennel located on them?
 Yes No

Professional affiliations of owner (or operator): _____

Attachments to be provided with the application:

- Certificate of insurance for a minimum of \$2 million dollars showing Township as additionally insured
- A detailed sketch showing:
 - a) The true shape and dimensions of the property (drawn to a scale of 500:1)
 - b) The location, height and dimensions of the kennel (drawn to scale of 100:1)
 - c) The location and dimensions of all runs used in connection with the kennel (drawn to a scale of 100:1)

If a Breeding will take place at the Kennel the following must be forwarded with the application:

- Proof of membership, in good standing with the Canadian Kennel Club (CKC)
- Copy of CKC registration certificate for every dog kept within this license
- Copy of litter applications submitted to the CKC throughout the calendar year

I, _____, of the _____ of _____, do hereby confirm that I am aware of and accept the conditions set out with respect to the issuance of this license and agree to the terms of the license and of By-law 2011-20 of the Township of Essa, concerning the business licensed herewith. I further hereby indemnify and save harmless the Township of Essa, its Committees and employees, for any and all claims arising out of the business activity authorized by this license.

Dated this _____ day of _____, _____.

 Signature of Applicant

 Signature of Issuer of Licenses



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Dog Registration

Please provide the following information for all dogs that reside on a permanent basis on site.

	Name	Breed	Color	Sex (Spayed or Neutered)	Age	Expiry of Vaccinations
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						