



Application to Operate a Kennel in the City of Kawartha Lakes

The Licensing Fee must be collected prior to Agency Approval. Licensing fee is Non-Refundable

Name of Applicant: _____ Home Phone #: (____) _____

Home Address: _____

Town/Village: _____ Postal Code: _____

Name of Kennel: _____ Business Phone #: (____) _____

Address: _____

Town/Village: _____ Postal Code: _____

Email: _____ Website: _____

Zoning Classification: _____ Total Acreage of Property: _____ Number of Dogs: _____

Is this kennel situated at least 150 metres (492.13 ft.) from all neighbouring dwellings?Yes: ☐ No: ☐

Does this kennel operation have any outstanding corrective action orders or non-compliance issues from any Federal, Provincial or Municipal Acts, Regulations or By-laws?Yes: ☐ No: ☐

Please Specify: _____

Has any current employee, owner, partner or shareholder of this kennel operation ever been convicted under any Federal or Provincial Act relating to cruelty to animals?Yes: ☐ No: ☐

Please Specify: _____

Does an operator of the kennel reside on a full time basis on the property where the kennel is located?.....Yes: ☐ No: ☐

Type of Kennel Operation: Purebred Breeding: ☐ Boarding: ☐ Purebred Breeding/Boarding: ☐
Breeding of Hunting, Sled or Working Dogs for the sole use of the Owner: ☐

Breed(s) of Dogs kept: 1) _____ 2) _____ 3) _____

Average weight of dog: 1) _____ 2) _____ 3) _____

Number of individual stalls provided: _____ List Number of square metres per stall: _____

Number of outdoor runs provided: _____ List Number of square metres per run: _____

Other accommodations provided: _____

(Maximum capacity of dogs shall be determined by accommodations provided.)

Please submit this application with the following documents:

- | | |
|--|---|
| 1) Proof of property ownership or letter of permission to operate business on owner's property | 5) a list of all dogs to be permanently kept at the subject property, noting verification of current rabies vaccination or titer testing for each dog (except where there is proof that the dog is under four (4) months of age); |
| 2) Proof of appropriate zoning; | 6) Copy of Site Plan Drawing; |
| 3) Registered Kennel Certificate, if applicable; | 7) Copy of appropriate insurance (\$2 million liability minimum) |
| 4) Copy of Ontario Master Business License, if applicable; | 8) License Fee in accordance with the Fees By-Law |

TO: **Municipal Law & Licensing Clerk**
City of Kawartha Lakes
37 Lindsay Street South,
Lindsay, Ontario K9V 2L9
Phone: 705-324-9411 ext. 1328

(Additional documents deemed pertinent in the granting of this application may be required at the request of the Licensing Officer.)

INDEMNIFICATION AGREEMENT

I, the undersigned, agree that I shall at all times indemnify and save harmless the Corporation of the City of Kawartha Lakes, its employees and Members of Council from and against any and all manner of claims, demands, losses, actions and other proceedings whatsoever made or brought against, suffered by, or imposed on the City in respect of any loss, damage or injury to any person or property, which are occasioned by or attributable to the issuance of this license or operation of the business.

X _____
Signature of Applicant

Date of Signature

DECLARATION

I the undersigned, do solemnly declare that all information provided in and with this application is factual and correct and agree to abide by and adhere to all relevant by-laws, rules and regulations, matters and things as are, or may be enacted by the City of Kawartha Lakes, and to any applicable federal or provincial legislation or regulation in effect, enacted, or amended, from time to time, and make this solemn declaration conscientiously knowing that it is of the same force and effect as if made under oath. I also hereby agree to authorize the City of Kawartha Lakes to release any information which is deemed pertinent in the granting of this application.

X _____
Signature of Applicant

Date of Signature

The personal information on this form is being collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and the *Municipal Act*, for the principle purpose of processing this application. Questions about this collection should be directed to the City Clerk or Deputy Clerk at Clerks@kawarthalakes.ca