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KENNEL / HOBBY KENNEL APPLICATION FORM

I/we hereby apply for:

NEW LICENCE ☐

CHANGE OF ADDRESS ☐

CHANGE OF OWNER ☐

BUSINESS INFORMATION: Incorporated/Limited companies to provide copy of certification with this application.

NAME OF BUSINESS/KENNEL: _____

BUSINESS EMAIL: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

BUSINESS MAILING ADDRESS (If different from above): _____

PROPOSED OPENING DATE: _____

OWNER INFORMATION:

OWNER NAME(S): _____
(Incorporated company name (i.e., Ltd. Or Inc) OR Proprietor's name)

OWNER EMAIL: _____ OWNER PHONE: _____

OWNER ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TRADE QUALIFICATION NUMBER (if applicable): _____ NON-PROFIT NUMBER (If applicable): _____

Describe the Nature of business in detail: (if required please provide an attachment with additional information)

TYPE OF KENNEL APPLICATION (Indicate with a check mark):☐ **HOBBY KENNEL (8 DOG MAXIMUM)**

"hobby kennel" means a facility or property where between four (4) and eight (8) dogs, all of which are kept for breeding or boarding or show or training purposes and where the operator of the hobby kennel must reside on the lot/property on

☐ **KENNEL (50 DOG MAXIMUM)**

"kennel" means a facility or property where four (4) or more dogs are kept for show or training purposes boarded, or bred for remuneration or for the purposes of sale, provided the number of dogs does not exceed fifty (50) dogs per lot which the hobby kennel is located

☐ **ANIMAL SHELTER**

"animal shelter" means a building for the temporary accommodation and care or impoundment of lost, abandoned, or neglected animals

Number of Dogs to be kept: ☐ Hobby Kennel _____ ☐ Kennel _____ ☐ Animal Shelter _____

The following information must be provided by the applicant with this application:

- ☐ A site plan showing the location of all the kennel buildings to be used for the kennel operation.
- ☐ A detailed plan showing the layout of all the pens within the kennel buildings (1/4 inch per foot scale).
- ☐ Proof of building permit.
- ☐ A detailed plan showing the layout and details of all outside runs.
- ☐ Where the applicant is not the owner of the property, authorization of the property owner to allow a kennel operation to occur.
- ☐ Letter indicating that dogs will be kept inside the home and a fenced or penned area is designated outside (show on plan).

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 the District of Kent Bylaws and or Fraser Valley Regional District (FVRD) Bylaws and all amendments thereto.

NAME OF APPLICANT: _____ **DATE:** _____

SIGNATURE OF APPLICANT: _____

(This section is for office use only)

CUSTOMER #: _____

LICENCE #: _____ **ROLL #:** _____ **RECEIPT #:** _____

LICENCE FEE CODE #: _____ **LICENCE FEE AMOUNT:** _____

AUTHORIZED BY: _____ **DATE:** _____

Director of Financial Services

Note: Personal information included on this form is collected solely for the purposes authorized by the Community Charter and is subject to disclosure in accordance with the Freedom of Information and Protection of Privacy Act and will be used only for the purpose indicated. Business information will be shared with the public via the District's open data and upon request. If you have any questions about this collection, please contact the Director of Corporate Services at (604) 796-2235.

KENNEL / HOBBY KENNEL APPLICATION

(Internal checklist)

The following is for office use only

BYLAW ENFORCEMENT

Approved ☐

Signature: _____ Date: _____

Active file:

Yes: ☐

No: ☐

Concerns: _____

BUILDING DEPARTMENT

Approved ☐

Signature: _____ Date: _____

Permit No: _____

Existing Building: _____ New Building: _____

Concerns: _____

FIRE DEPARTMENT

Approved ☐

Signature: _____ Date: _____

Fire Inspection required:

Yes: ☐

No: ☐

Concerns: _____

PLANNING DEPARTMENT

Approved ☐

Signature: _____ Date: _____

Zoning: _____ Parking: _____

Permitted use: _____ Customer Type: _____

Concerns: _____

APPROVALS REQUIRED BY OTHER AGENCIES

District of Kent: Bylaw/Business Licence Officer	Yes: ☐	No: ☐	Authorized by: Signature: _____	DATE: _____
District of Kent: Bylaw/Business Licence Director	Yes: ☐	No: ☐	Authorized by: Signature: _____	DATE: _____
Ministry of Health	Yes: ☐	No: ☐	Authorized by: Signature: _____	DATE: _____
RCMP:	Yes: ☐	No: ☐	Authorized by: Signature : _____	DATE: _____
Fraser Valley Regional District: Kennel Licence Approving Officer	Yes: ☐	No: ☐	Authorized by: Signature: _____	DATE: _____
OTHER:	Yes: ☐	No: ☐	Authorized by: Signature: _____	DATE: _____