



Come for a visit. Stay for a lifestyle.

**KENNEL LICENSE APPLICATION**

**NAME:** \_\_\_\_\_

**PHONE NO:** \_\_\_\_\_

**CIVIC ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

Information needed before License can be issued

**Type of Kennel:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Number of Animals:** \_\_\_\_\_

**Type of Barrier to be Used :** \_\_\_\_\_

**Lot Description :** \_\_\_\_\_

Lot size / Distance to property line / Zoning type

**Roll No:** \_\_\_\_\_

Please attach a **Site Map** with the application showing location of kennel, the dwelling location and setbacks to property lines.

**RETURN TO:** By-Law Department

Municipality of Trent Hills, 66 Front Street South, P.O. Box 1030, Campbellford, ON, K0L 1L0

If you have any question's call (705) 653-1900, Ext. 251