



KENNEL LICENSE APPLICATION

New Application Renewal Application

Section 1 – Kennel/Applicant Information

Applicant's Name: _____
Kennel Name: _____
Kennel Address: _____
Mailing Address: (if different than property address) _____
Phone Number: _____ Email Address: _____

Type of Kennel: Boarding Kennel (\$100.00)
 Breeding Kennel (\$100.00)
 Recreational Kennel (\$75.00)

Section 2 - Declaration

I, _____ swear that as owner/operator responsible for the above noted kennel have met the conditions and requirements of the Township of South Stormont Responsible Pet Ownership By-law as outlined above, and that I have never been convicted under section 446 of the Criminal Code of Canada pertaining to animal cruelty, and will continue to abide by the requirements for the duration of this license.

Signature of Kennel Owner: _____ Date: _____

Section 2 – Site Plan

Site Plan Attached to Application: Yes No

*If No, please note, Section 4.7 of the Township of South Stormont's Responsible Pet Ownership By-law No. 032-2021: A site plan drawn to scale showing the location of all buildings, structures, dog runs or facilities on the subject property, including the location of all buildings, structures, dog runs or facilities, or parts thereof, to be used as a kennel. The site plan must also specify the distance which separates the kennel from all property lines and all buildings, structures, dog runs or facilities.

Township of South Stormont
 P.O. Box 84, 2 Mille Roches Road
 Long Sault ON K0C 1P0
 Tel: 613-534-8889
 Fax: 613-534-2280
 Email: info@southstormont.ca



Kennel License Checklist (For office use)

Required Information and Attachments	
<input type="checkbox"/> Site Plan <input type="checkbox"/> List of all dogs residing on the property <input type="checkbox"/> Annual Kennel Licensing Fee: _____ <input type="checkbox"/> Signed Declaration	
Required Approvals	Approved By
<input type="checkbox"/> Confirmation of Zoning Compliance	
<input type="checkbox"/> Inspection by By-Law Enforcement Officer	

Status of Application: Approved Not Approved

 Signature of Township Staff

 Date



Dog Information

Please provide the following information for all dogs residing on the property.

Name	Breed	Colour	Sex (M or F)	Spayed or neutered (Yes or No)	Age	Microchip No. (if applicable)	Rabies Vaccination Date
1.							
2.							
3.							
4.							
5.							
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19.							
20.							