

RURAL MUNICIPALITY OF MOUNTAIN

APPLICATION FOR KENNEL PERMIT

New Applicant  
Renewal Applicant

Name of Applicant:

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Address of Applicant:

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Name of Kennel:

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Location of Kennel:

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Telephone Number:

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PURPOSE OF LICENCE APPLICATION/RENEWAL

Commercial Dog Kennel (Please mark all that apply)

- Breeding
- Buying/Selling
- Boarding
- Training
- Rescue

Non-Commercial Dog Kennel (Please mark all that apply)

- Personal Enjoyment
- Agriculture/Hunting
- Shows
- Rescue/Foster

**Payment is due with application and does not guarantee issuance of kennel permit.**

*By signing below, the applicant or kennel operator is agreeing to make his or her premises available to the Rural Municipality of Mountain for the purpose of ascertaining compliance with kennel standards through kennel inspections. All kennels must operate in accordance with applicable Zoning or municipal laws.*

Submitted herewith are \_\_\_\_\_ Rabies Vaccination Certificates, signed by a licensed veterinarian. The total number of dogs over 4 months of age in the proposed kennel is \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**For Office Use only**

Fees Paid \$ \_\_\_\_\_ Date: \_\_\_\_\_ Council Resolution: \_\_\_\_\_

