



TOWN OF PELHAM

For Office Use Only

Licence #: _____

Issued: _____

APPLICATION FOR KENNEL LICENCE
Town of Pelham By-law #97-2010, as amended

OWNER'S NAME:
ADDRESS:
TOWN, POSTAL CODE:
LEGAL DESCRIPTION:
TELEPHONE NUMBER:
EMAIL ADDRESS:
KENNEL NAME:
CKC REGISTRATION #: Licensed Since:

DESCRIPTION OF DOGS:

Table with 4 columns: NAME, BREED, GENDER, AGE. Rows 1-6 for dog descriptions.

ADDITIONAL SPACE ON REVERSE IF REQUIRED

I, _____ of _____, solemnly declare that the information contained in this application and other attached documentation is true to the best of my knowledge

Signature of Applicant

Date

KENNEL LICENCE REQUIREMENTS: (For Office Use Only)
Table with columns: REQUIRED, RECEIVED, COMPLIES. Includes items like Payment of kennel licence fee, Copy of kennel operator's CKC registration, etc.

NOTES:

DESCRIPTION OF DOGS Continued:

	NAME	BREED	GENDER	AGE
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____