



**APPLICATION FOR A KENNEL LICENCE**  
Pursuant to By-laws 36/2014 & 18/2014 of the Corporation of the  
Municipality of Port Hope

Name of Kennel:

Name of Applicant:

Telephone no.:

Email:

Kennel location:

Name of caretaker / manager (if different from applicant):

Caretaker / manager: telephone no.:

Caretaker / manager email:

Caretaker / manager address:

Initial date of operation:

Max. no. of animals to be lodged at ANY time:

Max. no. of People resident on property:

Provide list of owned dogs & CKC registration No. if applicable:

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**Declaration:**

I, \_\_\_\_\_, of the **Municipality of Port Hope**, in the **County of Northumberland** solemnly declare that all the statements contained in this application are true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act. **I agree to abide by all regulations governing the operation of a Kennel establishment in the Municipality of Port Hope as established by By-law 36/2014 & By-law 18/2014, as amended from time to time.**

Applicant Signature

Date

Pursuant to the Municipal Freedom of Information and Protection of Privacy Act, the personal information contained in this form will be used solely for the purposes of determining eligibility for various licensing processes in the Municipality of Port Hope. The application forms part of the public record. Questions regarding this collection may be directed to Town Hall Corporate Services Office at 905.885.4544 x. 2201 or [licensing@porthope.ca](mailto:licensing@porthope.ca).