

APPLICATION FOR KENNEL BREEDER LICENCE

Owner: _____

Business Name: _____

Mailing Address: _____

Town: _____ Postal Code: _____

Email Address: _____

Location &/or Street Address: _____

Res. Phone Number: _____ Bus. Phone Number: _____

Fax Number: _____

Please indicate in which language you would like the licence issued: ___ English ___ French

LICENCE CLASS (CHECK APPLICATION BOX) Fee:

- | | | |
|-----------------------------|--------------------------|----------|
| Boarding Kennel Premise | <input type="checkbox"/> | \$100.00 |
| Hobby Breeding Premise | <input type="checkbox"/> | \$ 25.00 |
| Commercial Breeding Premise | <input type="checkbox"/> | \$100.00 |

Date: _____ Signature: _____

Return completed application form and your cheque made payable to the "Minister of Finance" to:

*CVO/Food Safety Knowledge Centre
Agricultural Services Complex
545 University Crescent
WINNIPEG, MB R3T 5S6*

Attn: Chief Veterinary Officer

The personal information on this form is being collected under the authority of *The Animal Care Act* and Regulations and will be used only for the purposes intended under that legislation. It is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, contact the Chief Veterinary Office, Manitoba Agriculture, Food and Rural Initiatives, telephone (204) 945-4246 at the address noted above.