

**APPLICATION FOR
KENNEL/BREEDER LICENCE**

**Manitoba
Agriculture, Food
and Rural Initiatives**



NAME: _____

Business Name: _____

Address: Street/Box _____

Town: _____ **Postal Code** _____

Land Location: _____

Phone Number: _____ **Fax Number:** _____

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

LICENCE CLASS (CHECK APPLICATION BOX)

Fee:

- | | | |
|-----------------------------|--------------------------|----------|
| Kennel | <input type="checkbox"/> | \$100.00 |
| Hobby Breeding | <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:*

*Veterinary Services
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 Director of Veterinary Services, Manitoba Agriculture and Food, telephone (204) 945-7650 at the address noted above.

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