

BYLAW AND LICENSING SERVICES
750 17th Street West Vancouver BC V7V 3T3
t: 604-925-7152 f: 604-925-7451



2024 Commercial Dog Walker Permit

(PLEASE PRINT)

Owner/Applicant Name: _____

Business Name: _____

Business Licence Number: _____ CDW Number: _____

Business Address: _____
Unit House No. Street
City/District Postal Code
Applicant Phone Number Business Phone Number

Names of all Walkers:

All Applicants Must be 18 or older.

1. _____
2. _____
3. _____
4. _____
5. _____

Liability Insurance \$2,000,000.00 naming the Municipality as an Additional Insured Received: Y / N

I have received, read and will abide by the provisions of Part 8 of the District of West Vancouver's Animal Control & Licensing Bylaw No. 4545, 2008.

Owner/Applicant's Signature _____ **Date** _____