



## Commercial Dog Walker Permit

(PLEASE PRINT)

Owner/Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Licence Number: \_\_\_\_\_ CDW Number: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Apt. House No. Street

\_\_\_\_\_  
City/District Postal Code

\_\_\_\_\_  
Applicant Phone Number Business Phone Number

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### 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** \_\_\_\_\_