

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



2026 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

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 and Licensing Bylaw No. 4545, 2008.

Owner/Applicant's Signature: _____ Date: _____