

APPLICATION for HEN LICENCE

Name of Hen Keeper: _____

Address: _____

Box #

Street Address

Town

Postal Code

Phone – home

Phone – cellular/work

Email address

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- ☐ I understand that this hen license has been issued as part of a pilot project for the Town of Springside which expires on December 31, 2028. Should the program NOT result in implementation of an Urban Hen Program, I understand that I will have ninety (90) days from the end of the program to re-home my hens and remove the coop and coop run.
- ☐ I would like to keep _____ (minimum of 2, maximum of 5) hens in my backyard. I understand that I may not keep roosters in my backyard.
- ☐ I am the Property Owner of _____ AND my adjoining neighbours are aware of my intent to apply for a hen license.
- ☐ There is enough space in my backyard to ensure a minimum of four (4) square feet for each hen and a minimum of ten (10) square feet of roofed space to run. I have provided a site map on the reverse side of this application to confirm these requirements.
- ☐ I own or have access to hens and the required equipment including (but not limited to) a weather and predator proof coop.
- ☐ I understand that no products from the hens may be sold including (but not limited to) eggs, meat, and manure.
- ☐ I understand that hen keepers shall adhere to good management and husbandry practices and maintain hens in a condition to prevent distress, disease, and welfare issues.
- ☐ I understand that hen keepers shall make themselves and the site available for inspection on reasonable request of the Town of Springside or their Designated Officer.
- ☐ I understand that I must follow the provisions as set out in Sections 9-13 of the Town of Springside's Animal Control Bylaw No. 2025-05 and that failure to do so may result in revocation of my hen license. If my license is revoked, I understand that I will be required to remove the hens, coop and coop run. If I neglect or refuse to do so, the Town or their Designated Officer may remedy this or any contraventions of the said Bylaw and such costs may be added to my property taxes.
- ☐ By checking this box, I declare that the information in this application is correct and complete to the best of my knowledge. I have read and understood the information provided to me by the Town of Springside as set out in Sections 9-13 of the Town of Springside's Animal Control Bylaw No. 2025-05. I understand that false information given will result in the denial of my application for Urban Hens.

Site Map of Proposed Coop and Coop Run

Neighbours Notified:

Signature of Applicant

Date

FOR OFFICE USE ONLY DATE

DATE LICENSE ISSUED: _____ ANNUAL REGISTRATION FEE: \$50.00/Hen License Receipt # _____