

**Application for a Permit to Conduct a
Domestic Animal Business**
Domestic Animals Act 1994

I, (the applicant) hereby apply for a Permit for the year ending **10 April 2015**, under the provisions of the *Domestic Animal Act 1994* for the purposes described below:

- | | | |
|---|--|---|
| <input type="checkbox"/> New Registration | <input type="checkbox"/> Renewal of Registration | <input type="checkbox"/> Transfer of Registration |
| <input type="checkbox"/> Animal Shelter/Pound | <input type="checkbox"/> Boarding | <input type="checkbox"/> Pet Shop |
| <input type="checkbox"/> Breeding/Rearing | <input type="checkbox"/> Dog Training | |

A fee of \$283 must accompany this application

(cheques/money orders payable to "City of Whittlesea", or complete the credit card authorisation form on the following page)

Applicant Details:

| | | | |
|---|------------|--------------|--|
| Company Name | | ABN # | |
| Reg. Office Address | | | |
| Location of Business | | | |
| Postal Address <i>(if different from above)</i> | | | |
| Telephone | (B) | (M) | |
| Email Address | | | |
| Manager Name | | | |

Capacity - The maximum number of animals that will be housed at the premises will be:

Dogs _____ Cats _____ Birds _____ Guinea Pigs _____
 Rats _____ Mice _____ Chickens _____ Rabbits _____
 Do you sell Reptiles Yes No

I (the applicant) am aware that it is an offence under the provisions of the Domestic Animals Act 1994 to give false information in this application. I also agree to abide by the provisions under the Domestic Animals Act 1994 and any relevant regulations and codes of practice. Non compliance may result in the Permit being withdrawn and possible legal action.

Applicant Name (please print)

Signature

Date

TERM & RENEWAL OF REGISTRATION

The proprietor of a domestic animal business may renew the registration of the premises on which that business is conducted by applying to the Council in writing in the form approved by the Council no less than 30 days before the registration is due to expire.

Office Use Only

| | | | | |
|-------------|----------------------|----------------|------------------|----------------------|
| G/L Account | 3220.1002.845 | Receipt Type | 698 (new) | 455 (renewal) |
| Date Paid | | Receipt Number | | |

Credit Card Payment Authorisation

Mail Locked Bag 1, Bundoora MDC 3083
Offices, 25 Ferres Blvd, South Morang VIC 3752

Card type

Visa Mastercard

Card number

 / / /

Expiry date (MM/YY)

 /

Cardholder name

Payment amount

\$

I authorise City of Whittlesea to charge the amount stated above.

Cardholder signature

Date

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