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APPLICATION FOR REGISTRATION OF A BUSINESS INVOLVING DOGS

						RECO	RD NO: FILE NO: 1.71.5	
Business Owner/ (Operator Details							
First Name*:		S	urname*	:				
Name of Business*:					ABN:			
Business Address:					•			
Mailing Address:								
Business Phone:		Out of Hours Phone:						
Email Address:								
Business consists of or involves: Maximum number of dogs to be kept at one time:						e:		
a kennel at which dogs are bred or trained								
the provision of	security services involving	g the use of do	gs					
the provision of a	other services involving t	he use of dogs	(details i	equired)				
Details:								
I hereby apply for business registration* of the business involving dogs as described above, pursuant to section 35 of the Dog and Cat Management Act 1995 ("the Act")			_					
			Date:					
<u> </u>			Date.					
NOTE: Penalty for false o	r misleading information: up to	\$10,000.						
Notice to Applicant	-file		- h- normon	-f+ho rogi	tion foo	t acco	······································	
,	 Payment of the relevant registration fee and any fee for late payment of the registration fee must accompany this application. Registration remains in force until 30 June next and may be renewed for further periods of 12 months. 							
3. If a busin	f a business is registered under section 35 of the Act, all dogs bred or trained at the kennel or used in connection with the business							
	of or over 3 months of age will,	while kept at the	kennel or ι	sed in the b	ousiness, be	taken to b	e registered for the purposes of	
the Act. 4. You must	t inform the Registrar as soon a	is practicable if:						
	(a) the business is transferred to another person; or							
• •								
	A change in use to a business may require approval under the Development Act 1993. Special requirements may apply if the business involves guard, patrol or attack trained dogs or greyhounds.							
7. The Cour		ıblic register conta	aining inforr	nation rega	_		The information sought on this	
Office Use Only		Re	Registration disc number/s*:					
Applicant ID Type:								
ID Number:								
Officer Name		Da	ate.		Sign	ature.		

ligestyle location of choice