



Application Form Register A Domestic Animal Business

s.46, 48, 51, 52 Domestic (Feral and Nuisance) Animals Act 1994

To: Local Laws Department
Frankston City Council
PO Box 490
Frankston 3199

Civic Centre
Corner Young and Davey Streets Frankston
Phone: (03) 9784 1917
Fax: (03) 9784 1981

APPLICANT DETAILS

Name:

Residential Address:

Phone: Home:

Bus.:

Mob.:

Fax:

I undertake to indemnify Frankston City Council from any and all claims and actions arising from information supplied relevant to this application.

Date:

Applicant Signature:

DETAILS

I wish to apply to:

Register a premises on which a domestic animal business is conducted.

Premises Address: _____

INFORMATION IN SUPPORT OF APPLICATION FOR REGISTRATION

The premises are:

Pet Shop

Boarding Establishment

Dog Training Establishment

Breeding and Rearing Establishment

Other – please specify: _____

Business Name:

Business Postal Address:

Phone: Business:

After Hours:

Mob.:

Size of property or premises:

Or (see plan attached)

Plan showing Size and Location of animal accommodation:

Type of animals to be kept on premises:

If breeding, state number of fertile female animals on premises:



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Which Organisations are you a member of:

- | | |
|--|--|
| <input type="checkbox"/> Victorian Canine Association | <input type="checkbox"/> Feline Control Council |
| <input type="checkbox"/> Governing Body of the Cat Fancy Australia and Vic. Inc. | <input type="checkbox"/> Democratic Cat Council Inc. |
| <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Other (specify) _____ |




Veterinarian contracted to provide services to premises:

Name:	Phone:
Proprietor	Manager
Name:	Name:
Address:	Address:
Phone:	Phone:
Signed:	Signed:

Privacy Statement

The personal information requested on this form is being collected by Council for the Application To Register/Renew Registration/Surrender Registration/Transfer Registration Of A Premises As A Domestic Animal Business permit application. This information will be used solely by Council for that primary purpose or directly related purposes and will not otherwise be disclosed without your consent or as required or permitted by law. You may apply to Council for access and/or amendment of the information.

Office Use Only

-  **In Person** (cash, cheque, EFTPOS)
Civic Centre, Davey Street, Frankston.
Seaford Shop, 120 Nepean Highway, Seaford.
Langwarrin Shop, Shop 6, Gateway Shopping Centre.
-  **By Mail** Send this Application Form with a not negotiable cheque or money order. (DO NOT SEND CASH)
-  **By Phone** Fax application to (03) 9784 1981 for phone credit card payments (Mon to Fri 8:20am-5:00pm)

Payee Name: _____

Property Address: _____

Account Code: RC 175

Amount: \$ _____