



APPLICANT DETAILS

First Name:	Middle Name:	Surname:
Company Name:		
Business Trading Name:		
Postal Address:		
Suburb:	Postcode:	
Mobile Phone:	Second Contact:	
Email Address:		

BUSINESS DETAILS

Business Trading Name:	
Company Name:	ABN/ACN:
Address where domestic animal business will be operating:	
Suburb:	Postcode:
Business Phone:	
Business Email:	

REGISTRATION TYPE

Boarding Establishment (select below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rearing Establishment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Day Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Breeding Establishment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Boarding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shelter / Pound	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overnight Boarding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dog Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Establishment Pet Shop	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DOCUMENTATION AND PAYMENT REQUIRED

- Copy of your Public Liability Insurance.
\$20 million is required for a boarding establishment - \$10 million minimum for a dog training establishment.
- \$312 Annual Fee* for each type of registration type (includes \$20 State Government Levy) * Fees increase 1 July

DECLARATION

I declare that I am the owner or authorised representative the business described in this application form and that all the above information is true and correct. I acknowledge that Council may inspect and audit the premise at any time to ensure compliance in accordance with the Domestic Animals Act 1994 (DAA), associated Domestic Animal Business Code of Practice and any terms, conditions, limitations or restrictions imposed by Council. Failure to comply with any of the above may result in the withdrawal or cancellation of your registration. In addition to the DAA requirements you may also require a Planning Permit and/or Local Laws Permit.

Applicant's Signature:	Date:
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Office Use Only - Cashier - LC/LLPLR (choose Prepayments)

Date Issued: / /202 Receipt Number:

Privacy Statement: The personal information requested on this form is being collected by Knox City Council (Council) for the purpose of registering as a Domestic Animal Business under the Domestic Animals Act 1994. The personal information will be used by Council for that primary purpose or directly related secondary purposes. The information may also be used to update Council databases to assist Council in discharging its functions or providing services. The personal information collected will not be disclosed unless permitted or required by law. If the information is not collected Council will be unable to process your application and enter into an agreement. Requests for access to and/or amendment of personal information should be made to Council's Chief Privacy Officer.