



APPLICATION FOR TRANSFER OF KENNEL ESTABLISHMENT LICENCE

**TO: Chief Executive Officer
City of Gosnells
2120 Albany Highway
GOSNELLS WA 6110**

Surname				DOB	
Given Names					
Postal Address					
Suburb				Post Code	
Telephone	(H)		(W)		(M)
Fax			Email		
Here by make application for transfer of the Kennel Establishment Licence applicable to:					
Kennel Licence ID					
Situated at					
Suburb				Post Code	
Which was issued to					
By the City of Gosnells on the			day of		20
For such period as is still unexpired and *I attach hereto the Licence issued.					
_____ Signature of Applicant				_____ Date	
I consent to the transfer of the Kennel Establishment Licence					
_____ Signature of current Licence Holder				_____ Date	

Note: The application to transfer the Kennel Establishment Licence to new ownership/name will still be processed should you not be able to provide these details.

APPLICATION FEE	
Transfer of Kennel Licence fee	\$70.00

OFFICE USE ONLY			
DATE	RECEIPT	AMOUNT PAID (\$)	CASHIERS ID

Account Number 42-0520-1560