



FORM

APPLICATION FOR RENEWAL OF AN APPROVED KENNEL ESTABLISHMENT LICENCE

The Chief Executive Officer
City of Gosnells
PO Box 662
Gosnells WA 6990

I/we
(full name)

of
(postal address)

(telephone number)

(facsimile numbers)

(e-mail address)

apply to renew an approved kennel establishment licence (address of premises)

For (number and breed of dogs)

*(insert name of person) will be residing at the premises on
and from (insert date)

*(insert name of person) will be residing (sufficiently close to the premises
so

as to control the dogs and so as to ensure their health and welfare) at

.....(insert address of residence) on and from

.....(insert date).

I/we declare that all the details on this form are true and correct.

I/we understand that the abovementioned kennel establishment may be subject to an inspection by a
City Ranger at any reasonable time should approval be granted.

Signature of applicant:

Date:

*Delete where inapplicable.

Note: A licence if issued will have effect for a period of 12 months – Section 27.5 of the Dog Act.
