

**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	\$89.00

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

Account Number 42-0520-1560