

Animal breeder

Permit application

Council of the City of Gold Coast
 ABN 84 858 548 460
 PO Box 5042 GCMC QLD 9729
 P 1300 GOLDCOAST
 E mail@cityofgoldcoast.com.au
 W cityofgoldcoast.com.au

Local Law No. 12 (Animal Management) 2013

Animal Management (Cats and Dogs) Act 2008

Applicant details			
Provide the full name of the applicant.			
Applicant name			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	
Preferred method to receive correspondence	<input type="checkbox"/> Post		<input type="checkbox"/> Email

Business name details			
Provide details of your business name (trading name) if applicable. Provide address /contact details if different from applicant.			
Business name			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	

Contact person details			
Provide details if contact person for approval is different from the applicant.			
Contact name			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	
Preferred method to receive correspondence	<input type="checkbox"/> Post		<input type="checkbox"/> Email

Location details			
Provide the details of where the animal breeder operation will occur.			
Location name			
Unit number		Street number	
Street name			
Suburb			
Parcel (RPD)	Lot	Plan	

Animal breeder details			
Provide details of your animal breeder operation below ensuring all relevant information is provided.			
Select the type of animal you are breeding *	<input type="checkbox"/> Dog <input type="checkbox"/> Cat		
Is the land owner aware of this application and granted their consent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the body corporate given approval for this application (if applicable)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you reviewed the Breeder Code of Practice for the keeping and breeding of cats and dogs and are able to meet the standards set out in the code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Maximum intended number of animals (excluding litters)			
Number of intended litters			
Animal housing details			
Breeder association membership details (if applicable)			
Association name			
Membership number			
Expiry date			
Breeder prefix number and name			

Animal details			
Provide the following details for each animal nominated on the permit. Include additional animal details as an attachment if required.			
Animal name			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Primary breed			
Secondary breed			
Registration tag number			
Microchip number			
Are you (the applicant) the animal owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name of animal owner			

Provide details of another animal below (if applicable)			
Animal name			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Primary breed			
Secondary breed			
Registration tag number			
Microchip number			
Are you (the applicant) the animal owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name of animal owner			

Provide details of another animal below (if applicable)			
Animal name			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Primary breed			
Secondary breed			
Registration tag number			
Microchip number			
Are you (the applicant) the animal owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name of animal owner			

Supporting information	
Supporting information is required to be submitted with this application, as indicated below and throughout this form. Failure to provide the required information may delay the processing of your application. Indicate below the supporting information you have attached to this application	
<input type="checkbox"/>	Additional animal details (if required)
<input type="checkbox"/>	Evidence of pension entitlement, including a copy of the pension card. The name on the card and the pension number must be clearly visible. The pension name must be in the same name as the applicant.

Fees

The fee for this application may be reduced to nil if you (the applicant) can demonstrate that you are a current pensioner. If applying as a pensioner, you must provide evidence of a current pension with this application. Fees will apply if insufficient evidence is provided.

Please determine whether you meet the eligibility conditions and select one box only.

<input type="checkbox"/> I am a pensioner	nil
<input type="checkbox"/> I am not a pensioner – animal breeder permit application fee	\$448

These fees are in accordance with the City of Gold Coast's (City) regulatory fees and non-regulatory charges. A copy of our regulatory fees and non-regulatory charges can be found on our website, cityofgoldcoast.com.au.

Payment options

- Cash, cheque or credit card at any of the City's branch offices. For branch office locations and operating hours, please refer to [our website](#).
- Cheque or money order – make payable to: Gold Coast City Council. Postal address at top right of first page. Please ensure that you provide adequate reference details or attachments to allow the cheque to be appropriately receipted.

Note: Please be advised that payments by credit card will incur a surcharge.

Declaration

This section must be completed by the applicant. Where a person is signing on behalf of the applicant (the 'signatory'), they must occupy a position that is legally entitled to make that application and complete the details below. Documentation must be provided if a power of attorney (POA) signs on behalf of a person.

I understand and verify that:

- I am duly authorised to make this application
- The statements and information provided are accurate, true and complete
- I have received all relevant third party consents and authorisations
- It is an offence to knowingly provide false or misleading information
- Approval of this application does not extend to the approval of any other statutory or local government requirements relating to this premises or activity

Applicant name			
Signature		Signatory name	
Date		Position/role	

Pensioner declaration

This section must be completed if you are a pensioner and are applying for nil fee eligibility.

I _____ authorise the City of Gold Coast to use Centrelink Confirmation eService to perform an enquiry of my Centrelink / Department of Veterans' Affairs customer details and concession card status in order to determine if I qualify for a concession or rebate. I authorise The Australian Government Department of Human Services to provide the results of that enquiry to City of Gold Coast.

I understand that the department will disclose personal information to City of Gold Coast including my name, address, payment and concession card type and status. This consent, once signed, remains valid while I am a customer of City of Gold Coast unless I withdraw it by contacting City of Gold Coast or the department. I can obtain proof of my circumstances from the department and provide it to City of Gold Coast so that my eligibility for concessions can be determined. If I withdraw my consent or do not alternatively provide proof of my circumstances, I may not be eligible for the concession provided by City of Gold Coast.

Applicant name			
Signature			
Date			

Privacy statement

Council of the City of Gold Coast (Council) is collecting your personal information in order to provide the services requested, perform associated Council functions and services, and to update and maintain Council's customer information records. Your information is handled in accordance with the Information Privacy Act (Qld) 2009 and may only be accessed by Councillors, Council employees and authorised contractors. Unless authorised or required by law, we will not provide your personal information to any other person or agency. For further information go to cityofgoldcoast.com.au/privacy.

Council may also use your personal information in order to contact you to provide you with information regarding Council functions and services. If you do not wish to receive such information please opt out using the unsubscribe link in the communication material sent to you.

Office use only				
Date received			Fee paid	
Received by			Receipt number	
Digital pension card sighted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Officer name	