

Application for Domestic Animal Business Permit 2024/2025



SECTION 1 – Applicant Details

I hereby make application to register my premises as a Domestic Animal Business within the City of Monash.

Applicant Name		
Address		
Contact phone numbers	Business	Mobile
Email		

I submit the following information in support of this application: -

<input type="checkbox"/> Pet Shop	<input type="checkbox"/> Breeder	<input type="checkbox"/> Boarding
<input type="checkbox"/> Training Centre	<input type="checkbox"/> Animal Rearing	

SECTION 2 – Business Details

Business Name		
Business Address		
Business ABN		
Size of Property	<input type="checkbox"/>	Plan showing dimensions of animal location and housing. (must be attached)

SECTION 3 – Other details

Name of veterinarian contracted to provide services to the premises (if applicable).	
Proprietor`s details if different from Applicant.	

SECTION 4 – Applicant acknowledgement

I have read and understand the conditions regarding the granting of this permit.

Name (Print Name) _____

Signature _____

Date: _____

The City of Monash abides by the principles of the Privacy and Data Protection Act 2014. The personal information required to be provided in this application form is required for the purposes of administering Animal Permit applications. This information will not be released to any other person or organisation for any purpose other than the purpose for which it was collected. You have the right to access your personal information. If you wish to do so, please contact Council on (03) 9518 3555.

An invoice will be sent for payment if approved

Applicant Name	
Address	

OFFICE USE ONLY					
Authorised Officer	Approved	Yes/No		Initial	
Issuing Officer	Initials	Date Paid	Date Issued	Receipt	Fee Paid
		___/___/___	___/___/___		\$ 314.00
Permit Number					
CR Number					
Ledger No					