

Offaly County Council

Dog Breeding Establishments Act 2010



Application to register a Dog Breeding Establishment (in accordance with Section 9 of the Dog Breeding Establishments Act 2010)

Part 1 - Applicant(s) Details

1. Title: Mr. Mrs. Miss Ms Company Other (please specify) _____

Surname / Company Name:

Other name(s):

2. Home / Registered Address:

3. Telephone:

Daytime:

Mobile:

Evening:

4. Email Address:

(please give as many contact details as possible)

Joint Applicant (if applicable, if further applicants please supply similar details for all other applicants)

5. Title: Mr. Mrs. Miss Ms Other (please specify) _____

Surname:

Other name(s):

6. Home Address:

7. Telephone:

Daytime:

Mobile:

Evening:

8. Email Address:

(please give as many contact details as possible in case we need to contact you)

[Where there are more than two applicants, please use additional sheet(s) clearly marked "Applicant(s) Details - further applicant(s)". The sheet(s) should include all the information requested in paragraphs 1 to 4 above.]

As operator/proposed operator(s)* of the premises hereinafter mentioned I/WE* HEREBY MAKE APPLICATION in pursuance of the provisions of the Dog Breeding Establishments Act 2010, TO REGISTER A DOG BREEDING ESTABLISHMENT/COMMERCIAL BOARDING KENNEL/OTHER at the premises of which particulars are given below.

* strike out as appropriate throughout form

Part 2 - Premises Details

9. Address of Breeding Establishment Premises:

10. Nature of Business: (please tick)	Dog Breeding Establishment	<input type="checkbox"/>	Boarding Kennel	<input type="checkbox"/>	Other	<input type="checkbox"/>
11. Telephone Number:						
12. Email Address:						
13. G.P.S. Co-ordinates (if available)						

Part 3 - Particulars

14. Description of type of accommodation to be used: Indoors/Outdoors/Combination of Both*

15. Breeds of dogs concerned:

16. Number of bitches over 6 months old and capable of breeding at date of application:

17. Max number of bitches over 6 months old and capable of breeding intended to be kept:

Part 4 – Fees (strike out as appropriate)

I/We* enclose the appropriate fee.:

Payment Methods

1. By Post - Cheque, Postal Money Orders and Bank Drafts should be crossed and made payable to Offaly County Council
2. In person - By Cash or Cheque Credit/Laser Card or Bank Draft at the Cash Office, Áras an Chontae, Charleville Road, Tullamore
3. By Phone - Credit/Laser Card - phone 057 934 6800

Or

I/We* are exempt from DBE Premises fees due to the following reason(s):

*Commercial Boarding Kennels/Others are not exempt from paying the General Dog Licence Fee.

*Fee exempt applications must be accompanied by relevant proof, e.g. proof of CHY number, proof of registration with HAI or FACE.

Premises	Fee
not less than 6 and not more than 18 bitches	€400
not less than 19 and not more than 30 bitches	€800
not less than 31 and not more than 100 bitches	€1,600
not less than 101 and not more than 200 bitches	€3,000
more than 200 bitches	€3,000 + €1,600 in respect of every 100 bitches in excess of 200
General Dog Licence Fee - (Payable for Boarding Kennel / Other)	€400

Part 6 - Declaration & Signature(s)

I/WE* DO CERTIFY that to the best of my/our* knowledge and belief, the above particulars are true.

I/WE* DO CERTIFY that I/we* understand and accept the "Dog Breeding Establishment Guidelines" that a Dog Breeding Establishment must follow. (not applicable to Commercial Boarding Kennel/Hunt/etc.)

I/WE* ARE AWARE OF THE PROVISIONS OF THE DOG BREEDING ESTABLISHMENTS ACT 2010, AND I APPLY TO HAVE MY ESTABLISHMENT PLACED ON THE REGISTER. (not applicable to Commercial Boarding Kennel/Hunt/etc.)

If any person named in this form has committed an offence involving cruelty to an animal give details here:

18. Applicant

Signature:

Print Name:

Date:

19. Joint Applicant (if applicable)

Signature:

Print Name:

Date:

[Where there are more than two applicants, please use additional sheet(s) clearly marked "Declaration & Signature(s) - further applicant(s)". The sheet(s) should include the declarations listed above.]

THIS APPLICATION MUST BE ACCOMPANIED BY THE REQUISITE FEE.

Return completed form to:

**Local Authority Veterinary Inspector,
CAERW Section, Offaly County Council,
Aras an Chontae,
Tullamore, R35 F893, Co. Offaly**

FOR OFFICIAL USE ONLY

Date of Inspection _____ Inspected by: _____

Recommendation _____

Decision _____

Date entered on Register _____ Registration Number _____

Officials Signature _____

Registration Cert issued? **Y / N**