

WATERFORD CITY & 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. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Company <input type="checkbox"/>		Other (please specify) _____
Surname / Company Name:		
Other name(s):		
2. Home / Registered Address:		
3. Telephone:		Daytime: _____
		Mobile: _____
		Evening: _____
4. Email Address:		
<i>(please give as many contact details as possible)</i>		
Joint Applicant (if applicable, if further applicants please supply similar details for all other applicants)		
5. Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>		Other (please specify) _____
Surname:		
Other name(s):		
6. Home Address:		
7. Telephone:		Daytime: _____
		Mobile: _____
		Evening: _____
8. Email Address:		
<i>(please give as many contact details as possible in case we need to contact you)</i>		
<i>[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.]</i>		

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 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. Telephone Number:

11. Email Address:

12. G.P.S. Co-ordinates (if available)

Part 3 - Particulars

13. (a) Description of type of accommodation to be used: Indoors/Outdoors/Combination of Both*

13. (b) Please enclose site map (TO SCALE) of the premises to include all buildings, yards, exercise areas and any other associated structures that are part of the application.

14. Confirm that relevant Planning Permission has been granted for the premises by ticking this box:

Planning Permission Reg. No: _____

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 (cheques should be made payable to (Waterford County Council)

Or

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

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

The six constituent bodies within HAI (Hunting Association of Ireland) are as follows:

- The Irish Foot Harriers Association;
- The Irish Masters of Harriers Association;
- The Irish Masters of Foxhounds Association;
- The Irish Masters of Beagles Association;
- The Irish Masters of Mink Hounds Association;
- The Ward Union Staghounds.

Part 4 continued:

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

1. Part 5 - 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.

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.

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:

**Waterford City & County Council,
Environment Department
Civic Offices
Dungarvan
Co. Waterford**

FOR OFFICIAL USE ONLY

Date of Inspection _____ Inspected by: _____

Recommendation _____

Decision _____

Date entered on Register _____ Registration Number _____

Officials Signature _____

Registration Cert issued? **Y / N**
