

Roscommon 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) "FURTHER APPLICANTS"

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)

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 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.

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:

THIS APPLICATION MUST BE ACCOMPANIED BY THE REQUISITE FEE.

Return completed form to:

**Roscommon County Council
Corporate Services
Courthouse
Roscommon**

FOR OFFICIAL USE ONLY

Date of Inspection _____ Inspected by: _____

Recommendation _____

Decision _____

Date entered on Register _____ Registration Number _____

Officials Signature _____

Registration Cert issued **Y / N**

