

Registration No.: _____ (ANIM/EQUI) (office use only)

Keeping of Horses and Equine Premises Local Laws Schedule 3

Application for Transfer of Registration Equine Premises

* Please allow 10 business days processing time

FEES - To be paid upon application

NOTE: Fee increase may apply on 1 July each financial year.

TRANSFER FEE: \$146 (no GST) (fee type 232)

I (full name): _____

(Transferor) Of (address): _____

Post Code: _____ Email: _____

Phone: Home: _____ Mobile: _____

The holder of Certificate Registration of Equine Premises situated at:

Hereby apply to have the Registration of the said premises transferred to:

_____ (Transferee)

Of (address): _____ Post Code: _____

Email: _____

Phone: Home: _____ Mobile: _____

Signature of current owner/occupier _____ (Transferor)

Dated: _____

I, the proposed owner/occupier _____ (Transferee),

do hereby consent to the said transfer of the Registration to myself. I consent to this application and I understand my legal obligations to comply with the *City of Kwinana Health (Keeping of Horses and Equine Premises) Local Laws 1997*.

Signature of proposed owner/occupier: _____

Date: _____