

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: \_\_\_\_\_