South Dublin 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. Mrs. Miss	Ms Company	Other (please specify)
Surname / Company Name:	takkankile 1978;ttt 1988 till 1	
Other name(s):	**************************************	e de la companya del companya de la companya del companya de la companya del la companya de la c
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 p		
5. Title: Mr. Mrs. Miss	Ms Other (please of the specify)	∍ase
Surname:		· · · · · · · · · · · · · · · · · · ·
Other name(s):		The second secon
6. Home Address:	######################################	ламдан формуния и принципання на принципання на принципання на принципання на принципання на принципання на пр
7. Telephone:	Daytime:	
	Mobile:	hand the state of
	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 further applicant(s)" The sheet(s) should include a	use additional sheet(s) cl	early marked "Applicant(s) Details -

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	
Address of Breeding Establishment Premises:	
10. Telephone Number:	iissaanii iliin oo
11. Email Address:	VIIIIAAAmilikumakAribahiskakskakskalkiililipimminimahiripiyiyipiyimisiiniiliiniimiinii
12. G.P.S. Co-ordinates (if available)	
Part 3 - Particulars	
13. Description of type of accommodation to be used: Indoors/Outdoors/Combination of E	Both*
14. Confirm that relevant Planning Permission has been granted for the premises by ticking	an ihia have
14. Commit that relevant hamming hermission has been granted for the premises by ticking	ng this box:
Planning Permission Reg. No:	
15. Breeds of dogs concerned:	975444444444444444444444444444444444444
46 Number of hitches over 6 months old and analysis of heading at data.	Фиштедогогого интернационального под при
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 kep	
, and the second	
Part 4 – Fees (strike out as appropriate)	
I/We* enclose the appropriate fee (cheques should be made payable to South Du	ıblin
County Council	DIII I
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	n with HAI or FACE.
Premises	Fee
not less than 6 and not more than 18 bitches	€400

Premises	Fee 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

Part 6 - Declaration &	Signature(s)	
I/WE* DO CERTIFY that t	o 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 there:	his form has committed an offence involving cruelty to an animal give details	
18. Applicant		
Signature:		
Print Name:		
Date:		
makalama makamano penyengengengengengengengan pantah tertah sekitik makamanan penganyan		
19. Joint Applicant (if appli	cable)	
Signature:		
Print Name:		
Date:		
[Where there are more tha Signature(s) - further appli	n two applicants, please use additional sheet(s) clearly marked "Declaration & cant(s)". The sheet(s) should include the declarations listed above.]	
THIS APPLICATION MUST BE ACCOMPANIED BY THE REQUISITE FEE.		
Return completed form to	South Dublin County Council, Civic Offices, County Hall, Tallaght, Dublin 24	
FOR OFFICIAL USE ONLY		
Date of Inspection	Inspected by:	
Recommendation		
Decision		
Date entered on Register	Registration Number	
Officials Signature		
Registration Cert issued?	Y / N	

Y / N



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