



APPLICATION FORM CAT MANAGEMENT FACILITY

FORM 122

Date stamp

Part 1 Applicants Details

Name

Daytime Contact Phone Number

Mobile Phone

Postal Address

Email Address

Are you the Legal Owner of the premises in question?

 Yes No, please ensure you also complete Part 2 and have the Owner(s) of the premises sign Part 3

Part 2 Premises details of proposed Cat Management Facility

Lot No

Street No

Street Name

Suburb

Part 3 Owner(s) of Premises (ONLY complete if the Applicant is NOT the legal owner of the premises)

Owner(s) Name

Daytime Contact Phone Number

Mobile Phone

Postal Address

Email Address

I hereby consent to my premises being utilised as a Cat Management Facility.

Signature

Date

Part 4 Supporting Information

Have you provided plans of the premises?

 NO YES

What is the maximum number of cats to be kept on the premises?

Part 5 Infringements

Have you, or anyone else who will be responsible for the cats, ever been convicted of a breach of the Cat Act 2011, Dog Act 196 or Animal Welfare Act 2002 within the past three (3) years?

NO

YES, please details below:

Part 6 Please provide justification for applying to operate a Cat Management Facility:

Part 7 Declaration

I certify that the details on this application are true and correct (false or misleading information may affect my application). I understand that completion of this form does not constitute automatic approval of my application.

I agree to abide by the requirements of being a Cat Management Facility Operator such that I: -

Agree to comply with the Cat Act 2011, Cat Regulations 2012 and the Shire of Dardanup Keeping and Control of Cats Local Law 2014;

I acknowledge that to be approved as a Cat Management Facility Operator, the premises from which I operate must also be an approved Cat Management Facility.

Signature of Applicant

Date

Part 8 Return form to

Shire of Dardanup
1 Council Drive/PO Box 7016
EATON WA 6232

Phone: (08) 9724 0000
Email: records@dardanup.wa.gov.au

Part 9 OFFICE USE ONLY – PAYMENT AUTHORISATION

Assessing Officer Name:	<input type="text"/>		Authorising Officer:	Robert Quinn
	<small>Yes/No</small>	<small>Initial</small>		
Fees Paid (Receipt attached)	<input type="text"/>	<input type="text"/>	Approval Granted/Refused	<input type="text"/>
				<small>Yes/No</small>
Site Assessed	<input type="text"/>	<input type="text"/>	Certificate Issued	<input type="text"/>
				<small>Initial</small>
Neighbour's Comment Sought	<input type="text"/>	<input type="text"/>	Corresponding Approval issued for a Cat Management Facility	<input type="text"/>
Recommended Approval	<input type="text"/>	<input type="text"/>	Date	<input type="text"/>