

Domestic Animal Business Registration



2025/2026

I, the undersigned, hereby apply for the registration of premises under the provisions of the Domestic Animals Act 1994.

Business details

Applicant Name (in full):	
Postal Address:	
Business Name (in full):	
Business Address:	
Applicant contact number:	
Applicant Email:	

Permit Fee: \$295.00

Type of Business (please tick appropriate boxes)

☐ Pet Shop	☐ Shelter	☐ Breeding	☐ Training	☐ Rearing	☐ Boarding
-----------------------------------	----------------------------------	-----------------------------------	-----------------------------------	----------------------------------	-----------------------------------

Purpose for which the premises will be used:

Number of employees: Full time: _____ Part time: _____

Acknowledgement

- An Authorised Officer will contact the applicant to arrange an inspection time and to ensure compliance with the Codes of Practice pursuant to the Domestic Animals Act.
- The registration is renewable by 10 April each year.
- The permit holder must ensure that all the permit conditions are always complied with.
- The applicant must have \$20 million of public liability insurance for the permit period.
- The registration is not transferrable:
 - Registration is not to be photocopied and the copies used by someone not named on the registration.
 - Registration is not to be leased, sold or given away.
 - No form of advertising of a registration for rent, lease, sale, profit or other beneficial or fraudulent consideration of causing such an advertisement to be published is permitted.
- The registration is valid only for the stated location.
- The registration is valid only for the stated period.
- The manager and staff operating the domestic animal business are to comply with the [Domestic Animals Act 1994](#), [Domestic Animals Regulations 2015](#), [Codes of Practice](#) and Maroondah City Council's [Community Local laws 2023](#) - Part 6
- The business premises are subject to inspections during business hours by an Authorised Council Officer
- The registration document must be produced for an Authorised Council Officer on request.
- The registered business will comply with all directions by a member of Victoria Police or an Authorised Council Officer, including a direction that the business should not operate.

Declaration

- A copy of your current Public Liability Insurance (Certificate of Currency) with the following must be submitted with your application:
 - ☐ Public Liability Insurance must be current.
 - ☐ A minimum indemnity of \$20 million dollars
 - ☐ Maroondah City Council listed as an interested party (a copy of a tax invoice for Public Liability Insurance is **NOT** acceptable)
 - ☐ Read the relevant [Codes of Practice](#) and Maroondah City Council's [Community Local laws 2023](#) - Part 6

I declare that all details in this Application are true and correct.

SIGN HERE Signature		Date:
Applicant's Name:		

Maroondah City Council is committed to protecting your privacy as prescribed by the Privacy and Data Protection Act 2014 and the Health Records Act 2001. The information you provide on this form is being collected by Maroondah City Council for the strict purpose of conducting Council business. Your information will not be disclosed to any external party without your consent, unless Council is required to do so by law or it is part of the Council business that is being undertaken. Failure to provide the information requested may make you ineligible to receive the service or be part of an event/function that is the subject of this form. Any access to the information, amendments that may be required or any privacy enquiries may be directed to Council's Privacy Officer and Health Records Officer on 1300 88 22 33 or email - privacy@maroondah.vic.gov.au

Payment Details (Internal Use Only)

LC: Prepayment : _____ Receipt Number: _____ Date Paid: __ / __ / __

Cashier Use: Domestic Animal Business Permit

Before accepting payment, please ensure that a copy of the current Public Liability insurance is attached to this application form.

LC: PP/LLAWS ADD DOM/name of business/business address
Payment Type: Cash / Cheque / EFTPOS

Receipt Number: _____ Amount: \$ _____