

## Application for Variation of Name on Registration of a Stable Premises

I (Full Name) \_\_\_\_\_

of (Address) \_\_\_\_\_

Owner

Occupier holding a lease on the whole of the property

Apply for Variation of Name on Registration of the stables premises situated at:

\_\_\_\_\_

It is proposed to vary/change the name on the registration to (full details of name/s to be stipulated on registration):

\_\_\_\_\_  
\_\_\_\_\_

of (address/es of new person/s nominated): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Email address/es for Stable Inspection Reports: \_\_\_\_\_

Contact Phone Number/s: \_\_\_\_\_

I/We confirm that the prescribed fee per clause (11) is enclosed.

*Due to impacts of COVID-19 (Coronavirus) the City is waiving this fee for the 2020/2021 financial year*

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**CITY OF BELMONT**

215 Wright Street, Cloverdale 6105  
(Locked Bag 379, Cloverdale 6985)  
Ph: 9477 7222 Fax: 9478 1473  
belmont@belmont.wa.gov.au  
www.belmont.wa.gov.au



Please use as an example of how to complete this form correctly

## Application for Variation of Name on Registration of a Stable Premises

I (Full Name) \_\_\_\_\_ *Name of current registration holder* \_\_\_\_\_

of (Address) \_\_\_\_\_ *Address of current registration holder* \_\_\_\_\_

Owner  Occupier holding a lease on the whole of the property

Apply for Variation of Name on Registration of the stables premises situated at:

\_\_\_\_\_ *Address of stable premises* \_\_\_\_\_

It is proposed to vary/change the name on the registration to (full details of name/s to be stipulated on registration):

*Name/s of new registration holder/s* \_\_\_\_\_

of (address/es of new person/s nominated): *address/s of new registration holder/s* \_\_\_\_\_

Email address/es for Stable Inspection Reports: *email for new registration holder/s* \_\_\_\_\_

Contact Phone Number: *contact number for new registration holder/s* \_\_\_\_\_

I/We confirm that the prescribed fee per clause (11) is enclosed.

*Due to impacts of COVID-19 (Coronavirus) the City is waiving this fee for the 2020/2021 financial year*

Date \_\_\_\_\_ Signature *of current registration holder/s* \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature *of new registration holder/s* \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_