

# Licence as Breeder

To be completed by owner of a greyhound bitch intended to be used for breeding purposes.

**Note:** Breeder licence applications require Racing Integrity Board (RIB) inspection of facilities.

COMPLETE THE FOLLOWING PERSONAL DETAILS:		
<b>Name of applicant</b>	First Names:	
	Surname:	
<b>Address</b>	Street:	
	Suburb:	
	Town/City:	Postcode:
<b>Date of Birth</b>	DOB:	Age:
<b>Contact Details</b>	Home Phone:	Mobile:
	Email:	Fax:

<b>Fee: \$50</b> per year	<b>Person to invoice:</b>
	<b>Email Address:</b>

OFFICE USE ONLY:		
Approved for invoicing:	Invoice details:	Loaded in database:
Service:	Payment details:	



**Complete the following licensing details** (attach supporting documents where relevant):

Have you previously been registered with Greyhound Racing New Zealand (GRNZ) or any other racing body?

Yes  No

If YES, please provide details below:

.....  
.....

Name of racing body: ..... Type of license: .....

Check the relevant boxes below if you have ever been disciplined for any reason in connection with Greyhound Racing, Harness Racing or Thoroughbred Racing?

Suspended  Disqualified  Warned Off  Fined

If YES, please provide details of all offences:

.....  
.....

Have you ever been convicted of a criminal offence? Are you currently facing criminal charges?

Yes  No

If YES, please provide details:

.....  
.....

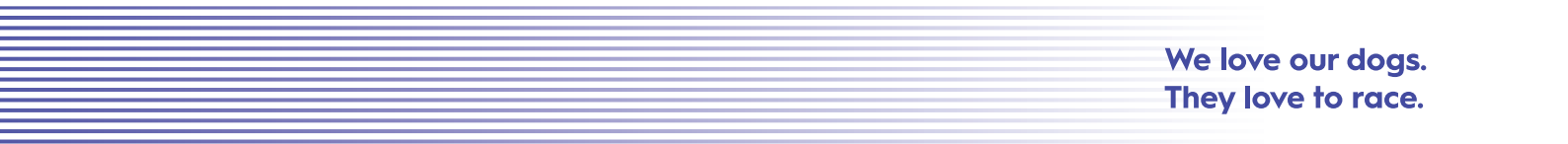
Have you ever been granted an exemption by the racing industry's Exemption Committee?

Yes  No

If YES, when?

.....  
.....

**Note:** Supplying false or misleading information could lead to the applicant being permanently disqualified.



**COMPLETE THE FOLLOWING BREEDING FACILITY DETAILS:**

<b>Address</b>	Street:		
	Suburb:		
	Town/City:		Postcode:
<b>Does applicant reside there?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Does applicant own the property?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>If leased or rented, provide property owner's name and address</b>			
<b>Provide tenancy details e.g. length of tenure:</b>			
<b>Provide number of kennels</b>			
<b>Have you obtained all required local council resource consents for your facility and are able to provide relevant documentation if required?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Please specify the number of greyhounds you have on the property at the time of completing this form. If there is more than one Licensed Person working at this property, only specify the number of greyhounds you are responsible for:

.....(greyhounds)

**Stipendiary Steward endorsement:**

I, .....(name) RIB Stipendiary Steward for Greyhound Racing New Zealand (GRNZ) hereby

Endorse       Do not endorse

the application of .....(applicant's name).

Should this application be approved I recommend that the maximum number of greyhounds permitted to be kept on this property be .....

\_\_\_\_\_  
**Stipendiary Steward's signature**

\_\_\_\_\_  
**Date**



## Privacy Declaration

This information is being collected and will be held at the office of Greyhound Racing New Zealand (GRNZ) in Wellington in accordance with the Privacy Act 2020 for administrative purposes only. Without the requested information, GRNZ may not be able to process the matters relating to this form.

You agree that the personal information supplied by you may be retained by GRNZ and shared with Greyhounds Australasia, who will not disclose the information unless for administrative purposes or if required by law. You can access your personal information from the GRNZ office on Level 4, 106-110 Jackson Street, Petone, Wellington for inspection and/or amendment as necessary.

Note: Your information may be sent to Greyhounds Australasia for administrative purposes. Greyhounds Australasia may not protect your information in a way that provides comparable safeguards to the New Zealand Privacy Act 2020.

### Declaration (all applicants to read)

I .....(applicant's name) certify that the information within this application is true and correct.

I agree to be bound by and recognise the rules of Greyhound Racing New Zealand (GRNZ), or any other authority or person authorised by such rules.

I will provide additional information, as shall be reasonably required by GRNZ, in respect of this application.

I have read and understood the Greyhound Racing New Zealand Health and Welfare Standards and understand the consequences of non-compliance.

Any certificate of licence that may be issued to me is, and will remain, the property of GRNZ and must be produced or returned on the demand of an authorised GRNZ officer or by a RIB Stipendiary Steward.

I am aware that my licence can be revoked by GRNZ at any time (Rule 83.1).

I agree to notify GRNZ of any changes to my personal details as soon as possible (within 3 days) so my records can be updated.

I am aware of an agreement to be bound by the conditions of licensing as detailed in this form.

---

**Applicant's signature**

---

**Date**

**Racing Operations and Welfare Manager Approval:**

Yes  No

**Comments:**

---

---

---

---

**Conditions of Licence:**

---

---

---

---

**Racing Operations and Welfare Manager Signature**

---

**Date**



**Bank Account details (required for any future payments e.g. owner's bonus and refunds):**

Bank Account name: .....

Bank Account number: 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

--	--	--

Please update details with GRNZ as required

**Payment details**

Payment can be made by the following methods (please tick):

- Direct credit (internet) - Account: BNZ 02-0500-0927216-00 (Invoice number as reference)
- Credit card - Online [www.grnz.co.nz](http://www.grnz.co.nz)
  - By phone (04) 589 4900

**American Express or Diners Club credit cards will not be accepted**

All licence fees include GST. If you require a GST receipt please contact GRNZ accounts.

**No refunds** are given for licences for part of a season, however new licence fees will be prorated for applications received more than two months through the current racing season.