APPLICATION FOR A LICENCE TO KEEP DANGEROUS WILD ANIMALS

DANGEROUS WILD ANIMALS ACT 1976



APPLICANT'S FULL NAME(S)	Please include: Mr/Mrs/Miss/Ms/Dr/Rev
PERMANENT ADDRESS	
POSTCODE	
TELEPHONE NO.	
EMAIL	
ADDRESS OF PREMISES REQUIRED TO BE REGISTERED	
POSTCODE	
TELEPHONE NO.	
SPECIES OF ANIMAL TO BE KEPT	
NUMBERS TO BE KEPT	MALE: FEMALE:
	TOTAL:
	Т
IS IT INTENDED TO BREED/ATTEMPT TO BREED FROM THE ANIMALS?	
DESCRIPTION AND DIMENSIONS OF ACCOMMODATION TO BE USED	
HEATING ARRANGEMENTS	
METHOD OF VENTILATION OF	
PREMISES	

 $Return\ to: Licensing, Shepway\ District\ Council,\ Civic\ Centre,\ Castle\ Hill\ Avenue,\ Folkestone,\ Kent\ CT20\ 2QY$

TYPE OF FOOD TO BE SUPPLIED AND SOURCE	
ARRANGEMENTS FOR FOOD STORAGE	
ARRANGEMENTS FOR DISPOSAL OF EXCRETIA	
DESCRIPTION OF ISOLATION FACILITIES TO CONTROL THE SPREAD OF INFECTIOUS DISEASES (if appropriate)	
WHAT PROVISION IS THERE FOR THE PROTECTION OF THE ANIMAL(S) AND THE PUBLIC IN CASE OF FIRE OR OTHER EMERGENCY?	
DETAILS OF INSURANCE POLICY HELD TO COVER PUBLIC LIABILITY FOR INJURY OR DAMAGE CAUSED BY THE ANIMAL(S)	COMPANY:
	POLICY NO:
	EXPIRY DATE:
	AMOUNT OF COVER:
Public Liability Insurance I enclose current policy (£2 000 000.00)	(this will be returned)
I am over 18 years of age and not disqualifi this Act, the Protection of Animals Acts 19 1912, the Protection of Animals Act 193	ed by being convicted of any offence at any time under 211 and 1964, the Protection of Animals (Scotland) Act 34, the Pet Animals Act 1951, the Animal Boarding 5hments Acts 1964 and 1970 or the Breeding of Dogs
confirm the above details are correct \square	
confirm payment of fee	
PRINT NAME:	Date:

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