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| APPLICATION FOR A LICENCE TO KEEP A DANGEROUS WILD ANIMAL |  |
| Dangerous Wild Animals Act 1976 (as amended) |

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| DETAILS OF APPLICANT |
| First Name(s): |
| Surname:Title: |
| Postal Address: |
| Phone (Home):Phone (Mobile): |
| Email address: |
| Date of Birth: | National Insurance No.: |

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| DETAILS OF ANIMALS YOU PROPOSE TO KEEP UNDER THE AUTHORITY OF THE LICENCESpecies (Common and Scientific name)Number of MalesNumber of FemalesTotal |

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| FURTHER INFORMATION |
| Do you own and possess all of the animals listed above?YesNo |
| If no, then please provide details of ownership and possession below |
| Are you the holder of a current insurance policy which insures you against liability for any damage that may be caused by the animal(s) listed above?If YES enclose with your application evidence that you hold such insurance.If NO state what steps you are taking to obtain such insurance:YesNo |
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| VETERINARY SURGEON DETAILS |
| Name and address of veterinary surgeon |

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| ADDRESS AT WHICH ANIMALS WILL BE KEPT |
| Postal Address |

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| PLEASE GIVE THE FOLLOWING INFORMATION ABOUT THE ACCOMMODATION THAT THE ANIMALS WILL OCCUPY: |
| Construction: |
| Number and size of the quarters in which the animals are / will be accommodated: |
| Heating arrangements: |
| Method of ventilation: |
| Exercising facilities: |
| Lighting arrangements: |
| Water supply: |
| Arrangements for storage of food: |
| Arrangements for the disposal of excreta: |
| Description of isolation facilities for the control of infectious diseases: |

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| DISQUALIFICATIONS |
| Are you, or have you ever been disqualified from: |
| Keeping an animal boarding establishment?YesNo |
| Keeping a dog?YesNo |
| Having the custody of animals?YesNo |
| Keeping a pet shop?YesNo |
| Keeping any dangerous wild animals?YesNo |
| Keeping a riding establishment?YesNo |
| Keeping a dog breeding establishment?YesNo |

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| DECLARATIONS |
| I agree to allow an officer, veterinary surgeon or veterinary practitioner authorised by the Council to inspect the premises, which are the subject of this application before any licence, is granted. I agree to pay the costs of this inspection. I certify that I am not under 18 years of age.I understand that the Authority is under a duty to protect the public funds it administers, and to this end may use the information I have provided on this form for the prevention and detection of fraud.  I understand that it may also share this information with other bodies responsible for auditing or administering public funds for these purposes.I declare that the information given above is true to the best of my knowledge and that I have not wilfully omitted any necessary material. I understand that if there are any wilful omissions, or incorrect statements made, my application may be refused without further consideration or, if a licence has been issued, it may be liable to immediate suspension or revocation.I understand that the Authority is collecting my data for the purposes described on this form and will not be used for any other purpose, or passed on to any other body, except as required by law, without my consent.  |
| Signature: |
| Print Name: |
| Date: |

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| Please return your completed form with any relevant supporting documents and the appropriate fee (made payable to Redditch Borough Council) to either: |
| LicensingRedditch Borough CouncilTown HallWalter Stranz SquareRedditchWorcestershireB98 8AHWorcestershire Regulatory ServicesWyre Forest HouseFinepoint WayKidderminsterWorcestershireDY10 1NW Email: wrsenquiries@worcsregservices.gov.ukTelephone: 01905 822799 |