

**Dangerous Wild Animals Act 1976**

**Application for Licence to keep a Dangerous Wild Animal**

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| **1** | **To Eastleigh Borough Council**  **I/We.....................................................................................................................................**  **Of (Home address).............................................................................................................**  **hereby apply for a Licence to keep a Dangerous Wild Animal**  **Premises to be licensed:……………………………………………………………………….**  **………………………………………………………………………………………………………** |
| Surname (BLOCK CAPITALS) First Name (BLOCK CAPITALS)  ----------------------------------------- --------------------------------------------  Surname (BLOCK CAPITALS) First Name (BLOCK CAPITALS)  ----------------------------------------- --------------------------------------------  State whether Mr, Mrs or Miss Age if under 18 |
| Private address (or, if a Company/Partnership, name of body and address of  Registered Office)  ……………………………………………………………………………………………………………….  Telephone Number (Home)…………………………………(Mobile)……………………………………  Email address……………………………………………………………………………………………… |
|  | If the property is rented owner name…………………………………………………………………………  Address…………………………………………………………………………………………………………..  Telephone Number (Home)…………………………………(Mobile)……………………………………  Email address……………………………………………………………………………………………… |

Please complete all the questions in the form.

If you have nothing to record, please state "Not applicable" or "None"

| **2** | **Application Details** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| 2.1 | Have you been licenced before | Yes |  | No |  | If no go to 2b |
| 2.2 | Local Authority where licenced |  | | | | |
| 2.3 | Give details of registration eg type and numbers of animals |  | | | | |
| 2.4 | Date of birth |  | | | | |

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| **3** | **Species to be kept** | | | | | |
|  | Species | No. Males | No Females | No Sex unknown | Total | Specific risks (eg poisonous) |
| 3.1 |  |  |  |  |  |  |
| 3.2 |  |  |  |  |  |  |
| 3.3 |  |  |  |  |  |  |
| 3.4 |  |  |  |  |  |  |
| 3.5 |  |  |  |  |  |  |
| 3.6 |  |  |  |  |  |  |
| 3.7 | Is it intended to breed from these animals? | | | | | Yes / No |

| **4** | **Accomodation and facilities** | |
| --- | --- | --- |
| 4.1 | Details of the quarters used to accommodate animals, including number, size and type of construction |  |
| 4.2 | Heating arrangements |  |
| 4.3 | Method of ventilation |  |
| 4.4 | Lighting arrangements |  |
| 4.5 | Water supply |  |
| 4.6 | Facilities for food storage & preparation |  |
| 4.7 | Arrangements for disposal of excreta, bedding and other waste material |  |
| 4.8 | Isolation facilities for the control of infectious diseases |  |
| 4.9 | Fire precautions/equipment and arrangements in the case of fire |  |
| 4.10 | What experience have you had in dealing with this/these animal(s)? |  |
| 4.11 | Precautions to be taken to ensure your health and safety and the health and safety of members of the public |  |
| 4.12 | Do you keep and maintain a register of animals? | Yes/No |
| 4.13 | How do you propose to minimise disturbance from nuisance from noise/smell etc? |  |
| 4.14 | Do you own all the animals listed? |  |
| 4.15 | Have you informed the emergency services about this application? |  |

| **5** | **Veterinary surgeon** | |
| --- | --- | --- |
| 5.1 | Name of usual veterinary surgeon |  |
| 5.2 | Company name |  |
| 5.3 | Address |  |
| 5.4 | Telephone number |  |
| 5.5 | Email address |  |

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| **6** | **Emergency key holder** | | |
| 6.1 | Do you have an emergency key holder? | Yes / No | If no, go to 9.1 |
| 6.2 | Name |  | |
| 6.3 | Address |  | |
| 6.4 | Daytime telephone number |  | |
| 6.5 | Evening/other telephone number |  | |
| 6.6 | Email address |  | |
| 6.7 | How much experience dealing with the DWA do they have? |  | |
| 6.8 | Add another person? | Yes / No | If yes, continue on another sheet |

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| **7** | **Person able to look after animals in an emergency** | | |
| 7.1 | Do you someone able to look after the animal in an emergency? | Yes / No | If no, go to 9.1 |
| 7.2 | Name |  | |
| 7.3 | Address |  | |
| 7.4 | Daytime telephone number |  | |
| 7.5 | Evening/other telephone number |  | |
| 7.6 | Email address |  | |
| 7.7 | How much experience dealing with the DWA do they have? |  | |
| 7.8 | Add another person? | Yes / No | If yes, continue on another sheet |

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| **8** | **Person who could re-home the animals in an emergency** | | |
| 8.1 | Do you someone able to re-home the animal in an emergency? | Yes / No | If no, go to 9.1 |
| 8.2 | Name |  | |
| 8.3 | Address |  | |
| 8.4 | Daytime telephone number |  | |
| 8.5 | Evening/other telephone number |  | |
| 8.6 | Email address |  | |
| 8.7 | How much experience dealing with the DWA do they have? |  | |
| 8.8 | Add another person? | Yes / No | If yes, continue on another sheet |

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| **9** | **Public Liability Insurance for damage caused by the animals** | | |
| 9.1 | Do you have public liability insurance | Yes / No | If no, go to question |
| 9.2 | If yes, please provide details of the policy | | |
| 9.3 | Insurance company |  | |
| 9.4 | Policy number |  | |
| 9.5 | Period of cover |  | |
| 9.6 | Amount of cover (£m) |  | |
| 9.7 | Please state what steps you are taking to obtain such insurance |  | |

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| **10** | **Disqualifications and convictions** | |
| 10.1 | Has the applicant, or any person who will have control or management of the dangerous wild animals ever been disqualified from: | |
| 10.2 | Keeping a pet shop? | Yes / No |
| 10.2 | Keeping a pet shop? | Yes / No |
| 10.3 | Keeping a dangerous wild animal? | Yes / No |
| 10.4 | Keeping an animal boarding establishment? | Yes / No |
| 10.5 | Keeping a riding establishment? | Yes / No |
| 10.6 | Having custody of animals? | Yes / No |
| 10.7 | Has the applicant, or any person who will have control or management of the dangerous wild animal, been convicted of any offences under the Animal Welfare Act 2006? | Yes / No |
| 10.8 | Has the applicant, or any person who will have control or management of the dangerous wild animal, ever had a licence refused, revoked or cancelled? | Yes / No |
| 10.9 | If yes to any of these questions, please provide details |  |

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| **11** | **Additional details** |  |
| 11.1 | Please check local guidance notes and conditions for any additional information which may be required | |
| 11. 2 | Additional information which is required or may be relevant to the application |  |

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| **12** | Normal times of attendance at the premises when premises are closed: ……………………………………………………………………………………………………………….  **(Read the following statement carefully before signing it. A false statement may render you liable to prosecution.)**  I/WE DO HEREBY CERTIFY that to the best of my/our knowledge and belief, the above particulars are true.  \*Signature……………………………………………………………Date………………………………  Signature…………………………………………………………….Date……………………………….    \*If the applicant signs on behalf of a Company or Partnership, state appointment held ……………………………………………………………………………………………………………..  Eastleigh Borough Council is committed to your privacy. We will use the information on this form for the purposes of processing, assessing and awarding your licence. Please refer to our full Privacy Notice at [www.eastleigh.gov.uk/privacy](http://www.eastleigh.gov.uk/privacy) |